

Public Employees Benefits Board P.O. Box 42684 • Olympia, Washington 98504-2684

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July 15, 2013

TO: Ms. Anne Sinnes

Center for Information Services 3101 Northup Way, Suite 100 Bellevue, WA 98004-1449

FROM: Amy Corrigan

PEBB Outreach & Training Team

SUBJECT: Fiscal Year (FY) 2014 PEBB Program Rates - Composite

Starting July 1, 2013 (FY 2014), the monthly employer base rate will be \$782.00 per active employee per month. These rates were established in the 3ESSB 5034.PL, 63rd Legislature, 2013 2nd Special Session and cover benefits administered by the Health Care Authority (HCA) through the Public Employees Benefits Board (PEBB) Program.

Employee contributions, COBRA, and self-pay rates will remain the same until January 1, 2014, 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 base rate for every eligible employee as outlined in WAC 182-12, including for those who have waived medical coverage.

The base rate does not represent the actual cost of providing benefits to employees during the calendar year. The amounts below break out the current base rate, which may vary from the actual costs.

| | Base Rate |
|-----------------|-----------|
| Benefit | Breakout |
| Medical | \$ 693.30 |
| Dental | \$ 82.62 |
| Life | \$ 4.08 |
| LTD | \$2.00 |
| Total Base Rate | \$ 782.00 |

If you have questions, please contact me at 360-725-0826 or Amy.Corrigan@HCA.WA.GOV.

cc: Kim Grindrod, PEBB Rates Analyst

Composite Active Rates for STATE and HIGHER ED, and Commodity Commissions (for 7/01/13 through 12/31/13 only) 2013 PEBB Bid Rates

HCA Financial Services

| | tŀ | 7/01/13 nrough 6/30/14 | 01/01/13 through 12/31/13 | | | | | | | | 07/01/13 through 12/31/13 | | | | | | | | |
|------------------------------|----|------------------------------|---------------------------|------------|----|------------|----|--------------|----|-------------|---------------------------|--|----|-----------|-----|------------|----|------------|--|
| | | | Employee Contributions | | | | | | | | | Total Base Rates With Employee Contributions | | | | | | | |
| | | | Subscriber Subscriber | | | | | | S | ubscriber | Su | bscriber | | | | | | | |
| Plan Name | Ва | se Rate | | Subscriber | 6 | and Spouse | an | d Child(ren) | F | full Family | S | ubscriber | an | nd Spouse | and | Child(ren) | F | ull Family | |
| Group Health Classic | \$ | 782.00 | \$ | 115.00 | \$ | 240.00 | \$ | 201.00 | \$ | 326.00 | \$ | 897.00 | \$ | 1,022.00 | \$ | 983.00 | \$ | 1,108.00 | |
| Group Health Value | \$ | 782.00 | \$ | 66.00 | \$ | 142.00 | \$ | 116.00 | \$ | 192.00 | \$ | 848.00 | \$ | 924.00 | \$ | 898.00 | \$ | 974.00 | |
| Group Health CDHP | \$ | 782.00 | \$ | 36.00 | \$ | 82.00 | \$ | 63.00 | \$ | 109.00 | \$ | 818.00 | \$ | 864.00 | \$ | 845.00 | \$ | 891.00 | |
| Kaiser Permanente Classic | \$ | 782.00 | \$ | 98.00 | \$ | 206.00 | \$ | 172.00 | \$ | 280.00 | \$ | 880.00 | \$ | 988.00 | \$ | 954.00 | \$ | 1,062.00 | |
| Kaiser CDHP | \$ | 782.00 | \$ | 21.00 | \$ | 52.00 | \$ | 37.00 | \$ | 68.00 | \$ | 803.00 | \$ | 834.00 | \$ | 819.00 | \$ | 850.00 | |
| Uniform Medical Plan Classic | \$ | 782.00 | \$ | 77.00 | \$ | 164.00 | \$ | 135.00 | \$ | 222.00 | \$ | 859.00 | \$ | 946.00 | \$ | 917.00 | \$ | 1,004.00 | |
| Uniform Medical Plan CDHP | \$ | 782.00 | \$ | 22.00 | \$ | 54.00 | \$ | 39.00 | \$ | 71.00 | \$ | 804.00 | \$ | 836.00 | \$ | 821.00 | \$ | 853.00 | |