



Washington State Health Care Authority
Public Employees Benefits Board

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August 3, 2012

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 2013 PEBB Program Rates – Composite

Due to new contracts with the health plans, the total premium due from K-12 and Educational Service Districts (ESD) will increase effective January 1, 2013. The base rate of \$800, the majority of the basis for the composite rates, will remain unchanged until September 1, 2013. K-12s and ESDs have the option to determine how much of the total premium employees are required to pay.

Employee optional life and long-term disability (LTD) insurance rates will remain the same for 2013. The rate schedule for life and LTD insurance is also enclosed.

Open enrollment will run November 1 – November 30, 2012. In early October, employees will receive the *For Your Benefit* newsletter. This newsletter is the only notice we send employees about open enrollment. Details will also be available at www.pebb.hca.wa.gov before the start of open enrollment. Employees who make a health plan change online during open enrollment will not see a premium rate. Instead, a pop-up box will prompt them to contact their personnel or payroll office for premium information. To support their decisions, you may want to distribute information before open enrollment regarding how much your employees are expected to pay in 2013.

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

If you have questions about the rates, please contact me at 360-725-0831 or steve.norsen@hca.wa.gov.

Enclosures

c: Kim Grindrod

**Composite Active Rates for ESD's/K-12 School Districts
(for 01/01/13 through 08/31/13 only)**

2013 PEBB Bid Rates

HCA Financial Services

01/01/13 through 08/31/13				
Plan Name	Total Base Rates With Employee Contributions			
	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Group Health Classic	\$ 915.00	\$ 1,040.00	\$ 1,001.00	\$ 1,126.00
Group Health Value	\$ 866.00	\$ 942.00	\$ 916.00	\$ 992.00
Group Health CDHP	\$ 836.00	\$ 882.00	\$ 863.00	\$ 909.00
Kaiser Permanente Classic	\$ 898.00	\$ 1,006.00	\$ 972.00	\$ 1,080.00
Kaiser CDHP	\$ 821.00	\$ 852.00	\$ 837.00	\$ 868.00
Uniform Medical Plan Classic	\$ 877.00	\$ 964.00	\$ 935.00	\$ 1,022.00
Uniform Medical Plan CDHP	\$ 822.00	\$ 854.00	\$ 839.00	\$ 871.00

Pub No. 52-490A, 52-490

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

Final PEBB 2013 Rates

HCA Finance and Administration

Employee Basic*	Monthly Cost:	\$	4.08
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Retiree	Monthly Cost:	\$	6.57
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Spouse/Child Basic	Monthly Cost:	\$	0.50
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Employee/Spouse Supplemental Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)		
Age	Non-Smoker	Smoker
<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

50-100

Supplemental AD&D: Rate per Thousand \$				Pub No. 50-100			
		\$ 0.008	\$ 0.012				
Employee Coverage		Employee Only Cost	Employee & Dependent(s) Cost	Spouse Coverage No Children With Children		Per Child Coverage With Spouse No 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, Plan A 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 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 2013 Rates

HCA Finance and Administration

Pub No.

Basic Plan for Actives	Monthly Cost*:	\$	2.00
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50-100

Optional Plan	TIAA/CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees
Waiting Period		
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%

* Represents premium paid to plan only.

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

PEBB Program for 2013**Additional Taxable Income for Non-Tax Qualified Dependents****Table 1: Employer Share Medical and Dental**

2013 Monthly State Premium Contribution for Medical and Dental for Active Employees

Additional Taxable Income for Non-Tax Qualified Dependent Coverage

MEDICAL AND DENTAL PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$ 499	\$ 393	\$ 892

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

DENTAL PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Dental Plans	\$ 46	\$ 46	\$ 92

2013 Monthly State Contribution for Medicare Retirees (monthly state subsidy)****Additional taxable income for non-tax qualified domestic partners**

GHC Medicare Only	\$ 129
Kaiser Classic	\$ 145
Uniform Medical Plan PPO	\$ 150
Plan F Retired	\$ 103
Plan F Disabled	\$ 150

*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

State and Higher Education Active Employee Monthly Contributions (Deductions)
For Non-Tax Qualified Dependents
Final 2013 PEBB Rates-HCA Finance and Administration

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

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Group Health Classic	\$ 115	\$ 240	\$ 201	\$ 326
Group Health Value	\$ 66	\$ 142	\$ 116	\$ 192
Group Health CDHP	\$ 36	\$ 82	\$ 63	\$ 109
Kaiser Permanente Classic	\$ 98	\$ 206	\$ 172	\$ 280
Kaiser CDHP	\$ 21	\$ 52	\$ 37	\$ 68
Uniform Medical Plan PPO	\$ 77	\$ 164	\$ 135	\$ 222
Uniform Medical Plan PPO CDHP	\$ 22	\$ 54	\$ 39	\$ 71

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
Group Health Classic	\$ 240	\$ 115	\$ 125
Group Health Value	\$ 142	\$ 66	\$ 76
Group Health CDHP	\$ 82	\$ 36	\$ 46
Kaiser Permanente Classic	\$ 206	\$ 98	\$ 108
Kaiser CDHP	\$ 52	\$ 21	\$ 31
Uniform Medical Plan PPO	\$ 164	\$ 77	\$ 87
Uniform Medical Plan PPO CDHP	\$ 54	\$ 22	\$ 32

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

Plan Name	Full Family	Subscriber	Partner and Child(ren)
Group Health Classic	\$ 326	\$ 115	\$ 211
Group Health Value	\$ 192	\$ 66	\$ 126
Group Health CDHP	\$ 109	\$ 36	\$ 73
Kaiser Permanente Classic	\$ 280	\$ 98	\$ 182
Kaiser CDHP	\$ 68	\$ 21	\$ 47
Uniform Medical Plan PPO	\$ 222	\$ 77	\$ 145
Uniform Medical Plan PPO CDHP	\$ 71	\$ 22	\$ 49

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Group Health Classic	\$ 326	\$ 201	\$ 125
Group Health Value	\$ 192	\$ 116	\$ 76
Group Health CDHP	\$ 109	\$ 63	\$ 46
Kaiser Permanente Classic	\$ 280	\$ 172	\$ 108
Kaiser CDHP	\$ 68	\$ 37	\$ 31
Uniform Medical Plan PPO	\$ 222	\$ 135	\$ 87
Uniform Medical Plan PPO CDHP	\$ 71	\$ 39	\$ 32

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	\$ 201	\$ 115	\$ 86
Group Health Value	\$ 116	\$ 66	\$ 50
Group Health CDHP	\$ 63	\$ 36	\$ 27
Kaiser Permanente Classic	\$ 172	\$ 98	\$ 74
Kaiser CDHP	\$ 37	\$ 21	\$ 16
Uniform Medical Plan PPO	\$ 135	\$ 77	\$ 58
Uniform Medical Plan PPO CDHP	\$ 39	\$ 22	\$ 17