



Washington State Health Care Authority
Public Employees Benefits Board

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July 15, 2013

TO: Personnel, Payroll, and Insurance Offices of K-12 School Districts and
Educational Service Districts (ESDs) on Composite Rates with PEBB

FROM: Amy Corrigan
PEBB Outreach & Training Team

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

Starting September 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, 62nd Legislature, 2013 2nd Special Session and cover benefits administered by the Health Care Authority (HCA) through the Public Employees Benefits Board (PEBB) Program.

This change does not impact districts or district employees on “tiered rates,” employee contributions, COBRA, or self-pay rates, which 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 employer base rate for every eligible employee as outlined in WAC 182-12, including for those who have waived medical coverage. Employee contributions will automatically be added to your billed rate. You are responsible for collecting employee contributions and sending the total billed amount to the HCA.

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 ESD's/K-12 School Districts
(for 9/01/13 through 12/31/13 only)**

2013 PEBB Bid Rates

HCA Financial Services

	09/01/13 through 12/31/13			
	Total Premium			
Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Group Health Classic	\$ 897.00	\$ 1,022.00	\$ 983.00	\$ 1,108.00
Group Health Value	\$ 848.00	\$ 924.00	\$ 898.00	\$ 974.00
Group Health CDHP	\$ 818.00	\$ 864.00	\$ 845.00	\$ 891.00
Kaiser Permanente Classic	\$ 880.00	\$ 988.00	\$ 954.00	\$ 1,062.00
Kaiser CDHP	\$ 803.00	\$ 834.00	\$ 819.00	\$ 850.00
Uniform Medical Plan Classic	\$ 859.00	\$ 946.00	\$ 917.00	\$ 1,004.00
Uniform Medical Plan CDHP	\$ 804.00	\$ 836.00	\$ 821.00	\$ 853.00

Pub No. 52-490A, 52-490