



Washington State Health Care Authority  
*Public Employees Benefits Board*

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July 15, 2013

TO: Benefits Office of University of Washington, Eastern Washington University,  
Central Washington University, The Evergreen State College, Washington State  
University, and Western Washington University

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, 63<sup>rd</sup> Legislature, 2013 2<sup>nd</sup> 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 employer 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 shown below break out the current base rate, which may vary from the actual costs.

Benefit	Base Rate 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 360-725-0836 or [Amy.Corrigan@HCA.WA.GOV](mailto: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

	07/01/13 through 06/30/14	01/01/13 through 12/31/13				07/01/13 through 12/31/13			
Plan Name	Base Rate	Employee Contributions				Total Base Rates With Employee Contributions			
		Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full 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