

# Washington State Health Care Authority Public Employees Benefits Board P.O. Box 42684 • Olympia, Washington 98504-2684 360-725-0440 • TTY 711 • FAX 360-725-0771 • www.hca.wa.gov/pebb

August 12, 2013

TO: PEBB Participating School Districts and Employer Groups (Political Subdivisions & Tribal Governments)

FROM: Amy Corrigan, Manager PEBB Outreach and Training Team

SUBJECT: 2014 Rates – Tiered – Medical-Only Package

Attached you will find revised rates that become effective January 1, 2014 for school districts and employer groups accepting the medical-only benefits package.

The biennial budget approved by Legislature will require some members to pay premium surcharges beginning July 1, 2014. The tobacco surcharge will be a flat \$25 per month fee, regardless of the number of tobacco users in the family. The spouse/partner surcharge will be a \$50 per month fee for subscribers who cover a spouse or state-registered domestic partner in PEBB health insurance where the spouse or domestic partner has chosen not to enroll in their own employer-sponsored health insurance. We are currently working on how these changes will be implemented and will share more information with you in the upcoming months.

If you have an IRS Section 125 Plan that allows employee premium dollars to be treated as a pre-tax deduction, a portion of the premium employers pay toward the family's coverage is considered taxable income to the employee if the employee has dependents enrolled who do not qualify as an IRS tax dependent. To assist you, we have included examples of how the state calculates these amounts for state agency personnel [Tables 1-7]. These tables should <u>only be used as a template</u> in developing calculations that are based on your employer contribution rate.

This year, open enrollment will run from November 1 – November 30, 2013. In early October, the Public Employees Benefits Board (PEBB) program will publish the *For Your Benefit* newsletter for all employees. This newsletter is the employees' only printed open enrollment information. However, information will also be available on the PEBB web site at, <u>www.hca.wa.gov/pebb</u> prior to the start of open enrollment.

Employees who make an online plan change using E-Coverage will <u>not</u> see a premium rate. Instead, a pop-up box will prompt them to contact their personnel or payroll office

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for premium information. To support their decisions, you may want to distribute 2014 information regarding how much your employees are expected to pay before open enrollment so they can have those available when making a plan selection.

If you have questions about the rates, please contact me at (360) 725-0826, or amy.corrigan@hca.wa.gov.

Enclosures

c: Kim Grindrod

# K-12 and Employer Groups (Political Subdivisions & Tribal Governments) Active Tiered Rates for Medical Only Package

2014 PEBB Bid Rates

HCA Finance and Administration

	Non-Medicare Rates								
Plan Name	Su	ıbscriber	-	ubscriber nd Spouse	-	ubscriber d Child(ren)	F	ull Family	
Group Health Classic	\$	638.35	\$	1,221.32	\$	1,075.58	\$	1,658.55	
Group Health Value	\$	586.20	\$	1,117.02	\$	984.32	\$	1,515.14	
Group Health CDHP	\$	549.85	\$	1,041.36	\$	933.07	\$	1,366.25	
Kaiser Permanente Classic	\$	637.59	\$	1,219.80	\$	1,074.25	\$	1,656.46	
Kaiser CDHP	\$	553.09	\$	1,047.34	\$	938.36	\$	1,374.28	
Uniform Medical Plan Classic	\$	600.19	\$	1,145.00	\$	1,008.80	\$	1,553.61	
Uniform Medical Plan CDHP	\$	553.72	\$	1,049.10	\$	939.84	\$	1,376.89	
Effective 7/1/2014: The following surcharg	jes v	vill be app	olie	d to some	emj	oloyees			
Tobacco Use Surcharge	\$	25	\$	25	\$	25	\$	25	
Spouse Surcharge			\$	50			\$	50	

PUB No. 52-489

## PEBB Program for 2014

## Additional Taxable Income for Non-Tax Qualified Dependents

## **Table 1: Employer Share Medical and Dental**

2014 Monthly State Premium Contribution for Medical and Dental for Active Employees Additional Taxable Income for Non-Tax Qualified Dependent Coverage

		S	ubscriber's or Partner's	Pa	artner and
MEDICAL AND DENTAL PLAN	Partner*		Child(ren)*	С	hild(ren)*
All Medical Plans	\$ 501	\$	395	\$	896

## Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

		S	ubscriber's or		
			Partner's	P	artner and
DENTAL PLAN	Partner*		Child(ren)*	С	child(ren)*
All Dental Plans	\$ 45	\$	45	\$	90

# 2013 Monthly State Contribution for Medicare Retirees (monthly state subsidy)\*\*

# Additional taxable income for non-tax qualified domestic partners

GHC Medicare Only	\$ 131
Kaiser Classic	\$ 147
Uniform Medical Plan PPO	\$ 150
Plan F Retired	\$ 100
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

Pub No. 50-704

State and Higher Education Active Employee Monthly Contributions (Deductions) For Non-Tax Qualified Dependents Final 2014 PEBB Rates-HCA Finance and Administration

			Subscriber		Si	ubscriber	
Plan Name	Suk	oscriber	-	d Spouse		Child(ren)	Full Family
	Out	3011061	an	u opouse	anu	Crind(ren)	i uli i ariliy
Group Health Classic	\$	117	\$	244	\$	205	\$ 332
Group Health Value	\$	65	\$	140	\$	114	\$ 189
Group Health CDHP	\$	21	\$	52	\$	37	\$ 68
Kaiser Permanente Classic	\$	116	\$	242	\$	203	\$ 329
Kaiser CDHP	\$	23	\$	56	\$	40	\$ 73
Uniform Medical Plan PPO	\$	79	\$	168	\$	138	\$ 227
Uniform Medical Plan PPO CDHP	\$	25	\$	60	\$	44	\$ 79

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

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

	Su	Subscriber				
Plan Name	and	I Spouse		Subscriber		Partner
Group Health Classic	\$	244	\$	117	\$	127
Group Health Value	\$	140	\$	65	\$	75
Group Health CDHP	\$	52	\$	21	\$	31
Kaiser Permanente Classic	\$	242	\$	116	\$	126
Kaiser CDHP	\$	56	\$	23	\$	33
Uniform Medical Plan PPO	\$	168	\$	79	\$	89
Uniform Medical Plan PPO CDHP	\$	60	\$	25	\$	35

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

			Su	ubscriber and	
Plan Name	Fu	ull Family		Child(ren)	Partner
Group Health Classic	\$	332	\$	205	\$ 127
Group Health Value	\$	189	\$	114	\$ 75
Group Health CDHP	\$	68	\$	37	\$ 31
Kaiser Permanente Classic	\$	329	\$	203	\$ 126
Kaiser CDHP	\$	73	\$	40	\$ 33
Uniform Medical Plan PPO	\$	227	\$	138	\$ 89
Uniform Medical Plan PPO CDHP	\$	79	\$	44	\$ 35

Note: Surcharges applied to an employee's account are to be considered pre-tax.

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

Plan Name	Full Far	nily	Subso	riber	Partne Child(r	
Group Health Classic	\$	332	\$	117	\$	215
Group Health Value	\$	189	\$	65	\$	124
Group Health CDHP	\$	68	\$	21	\$	47
Kaiser Permanente Classic	\$	329	\$	116	\$	213
Kaiser CDHP	\$	73	\$	23	\$	50
Uniform Medical Plan PPO	\$	227	\$	79	\$	148
Uniform Medical Plan PPO CDHP	\$	79	\$	25	\$	54

Table 7: Post Tax Partner's Child(ren) Share for "Subscriber and Child(ren)" Tier

	Su	bscriber				
Plan Name	and	Child(ren)	Subscriber	Partner's Children		
Group Health Classic	\$	205	\$ 117	\$	88	
Group Health Value	\$	114	\$ 65	\$	49	
Group Health CDHP	\$	37	\$ 21	\$	16	
Kaiser Permanente Classic	\$	203	\$ 116	\$	87	
Kaiser CDHP	\$	40	\$ 23	\$	17	
Uniform Medical Plan PPO	\$	138	\$ 79	\$	59	
Uniform Medical Plan PPO CDHP	\$	44	\$ 25	\$	19	