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June 2, 2014

TO: Personnel, Payroll, and Insurance Office of All State Agencies

FROM: Amy Corrigan

PEBB Outreach and Training Team

SUBJECT: Fiscal Year (FY) 2015 PEBB Program Rates - Composite

Starting July 1, 2014 (FY 2015), the monthly employer base rate will be \$662.00 per active employee per month. These rates were established in the ESSB 6002.PL, 63rd Legislature, 2014 Regular 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, 2015, when the new plan year begins. You will receive these rates before open enrollment this fall.

Beginning July 1, 2014, in addition to the employee contribution, employees may be subject to a \$25 tobacco use and \$50 spousal premium surcharge.

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.

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

cc: David Donnell, PEBB Fiscal Information and Data Analyst

Composite Active Rates for STATE and HIGHER ED, and Commodity Commissions (for 7/01/14 through 12/31/14 only)

2014 PEBB Bid Rates HCA Financial Services

Tobacco Use Surcharge

Spouse Surcharge

	t	7/01/14 hrough 6/30/15	01/01/14 through 12/31/14								07/01/14 through 12/31/14								
			Employee Contributions								Total Base Rates With Employee Contributions								
					S	Subscriber	S	ubscriber					Sı	ubscriber	Sı	ubscriber			
Plan Name	Ва	Base Rate		Subscriber		and Spouse		and Child(ren)		Full Family		ubscriber	an	d Spouse	and	Child(ren)	F	ull Family	
Group Health Classic	\$	662.00	\$	117.00	\$	244.00	\$	205.00	\$	332.00	\$	779.00	\$	906.00	\$	867.00	\$	994.00	
Group Health Value	\$	662.00	\$	65.00	\$	140.00	\$	114.00	\$	189.00	\$	727.00	\$	802.00	\$	776.00	\$	851.00	
Group Health CDHP	\$	662.00	\$	21.00	\$	52.00	\$	37.00	\$	68.00	\$	683.00	\$	714.00	\$	699.00	\$	730.00	
Kaiser Permanente Classic	\$	662.00	\$	116.00	\$	242.00	\$	203.00	\$	329.00	\$	778.00	\$	904.00	\$	865.00	\$	991.00	
Kaiser CDHP	\$	662.00	\$	23.00	\$	56.00	\$	40.00	\$	73.00	\$	685.00	\$	718.00	\$	702.00	\$	735.00	
Uniform Medical Plan Classic	\$	662.00	\$	79.00	\$	168.00	\$	138.00	\$	227.00	\$	741.00	\$	830.00	\$	800.00	\$	889.00	
Uniform Medical Plan CDHP	\$	662.00	\$	25.00	\$	60.00	\$	44.00	\$	79.00	\$	687.00	\$	722.00	\$	706.00	\$	741.00	
Effective 7/1/2014: The following surch	arge	s will be a	ppli	ed to som	e ei	Effective 7/1/2014: The following surcharges will be applied to some employees													

25.00 \$

50.00

25.00 \$

25.00 \$

25.00 \$

50.00

25.00 \$

25.00 \$

50.00

25.00 \$

25.00

50.00