



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 21, 2014

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

FROM: Amy Corrigan, Manager
PEBB Outreach and Training Team

SUBJECT: 2015 Rates – Tiered – Medical-Only Package

Attached you will find revised rates that become effective January 1, 2015 for school districts and employer groups accepting the medical-only benefits package.

The biennial budget approved by the Legislature that requires some members to pay tobacco and spousal premium surcharges beginning July 1, 2014 will remain in effect for 2015. The tobacco premium surcharge will remain at \$25 per month in addition to the monthly premium, regardless of the number of tobacco users in the family. The spouse/partner premium surcharge will remain at \$50 per month in addition to the monthly premium for subscribers who cover a spouse or state-registered domestic partner in PEBB medical insurance where the spouse or domestic partner has chosen not to enroll in their own employer-sponsored health insurance. Due to the change in PEBB medical premiums for 2015, employees who cover a spouse or domestic partner on their 2015 medical coverage will be required to re-attest to the spouse or domestic partner premium surcharges during the PEBB annual open enrollment.

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 only be used as a template in developing calculations that are based on your employer contribution rate.

This year, open enrollment is November 1 – November 30, 2014. In 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, www.hca.wa.gov/pebb prior to the start of open enrollment.

Employees who make an online plan change using E-Coverage will not see a premium rate. Instead, a pop-up box will prompt them to contact their personnel or payroll office. To support their decisions, you may want to distribute 2015 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: Janice Baumgardt

Washington State Health Care Authority
2015 PEBB Rate Book
with Surcharge Tables

Excluding Tobacco and Spouse Waiver (AV) Surcharges

Group Health Classic
Group Health Value
Group Health CDHP
Group Health Medicare Only
Kaiser Permanente Classic
Kaiser CDHP
Uniform Medical Plan Classic
Uniform Medical Plan CDHP

Non-Medicare				
	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
	\$653.50	\$1,248.05	\$1,099.41	\$1,693.96
	\$622.08	\$1,185.21	\$1,044.43	\$1,607.56
	\$582.80	\$1,097.44	\$983.36	\$1,439.67
	\$672.35	\$1,285.75	\$1,132.40	\$1,745.80
	\$593.05	\$1,117.44	\$1,000.93	\$1,466.99
	\$631.21	\$1,203.47	\$1,060.41	\$1,632.67
	\$588.52	\$1,108.88	\$993.37	\$1,455.40

Surcharges

Tobacco Use Surcharge
Spouse Waiver (AV) Surcharge

	\$25.00	\$25.00	\$25.00	\$25.00
	\$0.00	\$50.00	\$0.00	\$50.00

Washington State Health Care Authority

2015 PEBB Rate Book

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

MEDICAL AND DENTAL PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$523.00	\$411.00	\$934.00

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	\$45.00	\$45.00	\$90.00

2015 Monthly State Contribution for Medicare Retirees (monthly state subsidy)**

Additional taxable income for non-tax qualified domestic partners

Group Health Classic	
Group Health Value	
Group Health CDHP	
Group Health Medicare Only	\$142.00
Kaiser Permanente Classic	\$147.00
Kaiser CDHP	
Uniform Medical Plan Classic	\$150.00
Uniform Medical Plan CDHP	
Plan F Retired	\$107.00
Plan F Disabled	\$150.00

*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

Washington State Health Care Authority
2015 PEBB Rate Book

State and Higher Education Active Employee Monthly Contributions (Deductions) for Non-Tax Qualified Dependents

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

Plan Name	Subscriber and Spouse		Subscriber and Child(ren)		Full Family
	Subscriber	Spouse	Subscriber	Child(ren)	
Group Health Classic	\$107.00	\$224.00	\$187.00		\$304.00
Group Health Value	\$75.00	\$160.00	\$131.00		\$216.00
Group Health CDHP	\$26.00	\$62.00	\$46.00		\$82.00
Group Health Medicare Only					
Kaiser Permanente Classic	\$125.00	\$260.00	\$219.00		\$354.00
Kaiser CDHP	\$35.00	\$80.00	\$61.00		\$106.00
Uniform Medical Plan Classic	\$84.00	\$178.00	\$147.00		\$241.00
Uniform Medical Plan CDHP	\$31.00	\$72.00	\$54.00		\$95.00

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

Plan Name	Subscriber and Spouse		
	Subscriber	Spouse	Partner
Group Health Classic	\$224.00	\$107.00	\$117.00
Group Health Value	\$160.00	\$75.00	\$85.00
Group Health CDHP	\$62.00	\$26.00	\$36.00
Group Health Medicare Only			
Kaiser Permanente Classic	\$260.00	\$125.00	\$135.00
Kaiser CDHP	\$80.00	\$35.00	\$45.00
Uniform Medical Plan Classic	\$178.00	\$84.00	\$94.00
Uniform Medical Plan CDHP	\$72.00	\$31.00	\$41.00

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

Plan Name	Full Family		Partner and Child(ren)	
	Subscriber	Spouse	Subscriber	Child(ren)
Group Health Classic	\$304.00	\$107.00	\$197.00	
Group Health Value	\$216.00	\$75.00	\$141.00	
Group Health CDHP	\$82.00	\$26.00	\$56.00	
Group Health Medicare Only				
Kaiser Permanente Classic	\$354.00	\$125.00	\$229.00	
Kaiser CDHP	\$106.00	\$35.00	\$71.00	
Uniform Medical Plan Classic	\$241.00	\$84.00	\$157.00	
Uniform Medical Plan CDHP	\$95.00	\$31.00	\$64.00	

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

Plan Name	Subscriber and Child(ren)		
	Full Family	Subscriber	Partner
Group Health Classic	\$304.00	\$187.00	\$117.00
Group Health Value	\$216.00	\$131.00	\$85.00
Group Health CDHP	\$82.00	\$46.00	\$36.00
Group Health Medicare Only			
Kaiser Permanente Classic	\$354.00	\$219.00	\$135.00
Kaiser CDHP	\$106.00	\$61.00	\$45.00
Uniform Medical Plan Classic	\$241.00	\$147.00	\$94.00
Uniform Medical Plan CDHP	\$95.00	\$54.00	\$41.00

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

Plan Name	Subscriber and Child(ren)		
	Subscriber	Spouse	Partner's Children
Group Health Classic	\$187.00	\$107.00	\$80.00
Group Health Value	\$131.00	\$75.00	\$56.00
Group Health CDHP	\$46.00	\$26.00	\$20.00
Group Health Medicare Only			
Kaiser Permanente Classic	\$219.00	\$125.00	\$94.00
Kaiser CDHP	\$61.00	\$35.00	\$26.00
Uniform Medical Plan Classic	\$147.00	\$84.00	\$63.00
Uniform Medical Plan CDHP	\$54.00	\$31.00	\$23.00