



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.pebb.hca.wa.gov

May 17, 2016

TO: PEBB Participating Commodity Commissions

FROM: Rachelle Alongi
PEBB Outreach & Training Team

SUBJECT: Fiscal Year (FY) 2017 PEBB Program Rates—Composite

Starting July 1, 2016 (FY 2017), the monthly employer base rate will be \$888 per active employee per month. These rates were established in the 2ESHB 2376 64th Legislature, 2016 1st Special Session and cover benefits administered by the Health Care Authority (HCA) under the Public Employees Benefits Board (PEBB) Program.

Employee contributions, COBRA, and self-pay rates will remain the same until January 1, 2017, when the new plan year begins. You will receive these revised rate sheets before open enrollment this fall.

In addition to the employee medical plan premiums, employees may be subject to a monthly \$25-per-account tobacco use and/or \$50 spousal or registered domestic partner coverage premium surcharge.

As a reminder, you must pay the full employer base rate for every eligible employee as outlined in Title 182 WAC, 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 applicable premium surcharges and sending the total billed amount to the HCA.

If you have questions, please contact me at 360-725-0831 or rachelle.alongi@hca.wa.gov.

cc: Tanya Deuel, PEBB Fiscal Information and Data Analyst

Washington State Health Care Authority
 2016 PEBB Rate Book
 Composite Active Rates for STATE and HIGHER ED, and Commodity Commissions

	07/01/16 through 06/30/17	01/01/16 through 12/31/16				07/01/16 through 12/31/16				
		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
Excluding Tobacco and Spouse Waiver (AV) Surcharges										
Group Health Classic	\$888.00	\$118.00	\$246.00	\$207.00	\$335.00	\$1,006.00	\$1,134.00	\$1,095.00	\$1,223.00	
Group Health Value	\$888.00	\$81.00	\$172.00	\$142.00	\$233.00	\$969.00	\$1,060.00	\$1,030.00	\$1,121.00	
Group Health CDHP	\$888.00	\$22.00	\$54.00	\$39.00	\$71.00	\$910.00	\$942.00	\$927.00	\$959.00	
Group Health SoundChoice	\$888.00	\$45.00	\$100.00	\$79.00	\$134.00	\$933.00	\$988.00	\$967.00	\$1,022.00	
Group Health Medicare Only	\$888.00									
Kaiser Permanente Classic	\$888.00	\$144.00	\$298.00	\$252.00	\$406.00	\$1,032.00	\$1,186.00	\$1,140.00	\$1,294.00	
Kaiser Permanente CDHP	\$888.00	\$29.00	\$68.00	\$51.00	\$90.00	\$917.00	\$956.00	\$939.00	\$978.00	
Uniform Medical Plan Classic	\$888.00	\$84.00	\$178.00	\$147.00	\$241.00	\$972.00	\$1,066.00	\$1,035.00	\$1,129.00	
Uniform Medical Plan CDHP	\$888.00	\$21.00	\$52.00	\$37.00	\$68.00	\$909.00	\$940.00	\$925.00	\$956.00	
Uniform Medical Plan ACP	\$888.00	\$59.00	\$128.00	\$103.00	\$172.00	\$947.00	\$1,016.00	\$991.00	\$1,060.00	
Surcharges										
Tobacco Use Surcharge		\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	
Spouse Waiver (AV) Surcharge		\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00	
Including Tobacco Surcharge										
Group Health Classic		\$143.00	\$271.00	\$232.00	\$360.00	\$1,031.00	\$1,159.00	\$1,120.00	\$1,248.00	
Group Health Value		\$106.00	\$197.00	\$167.00	\$258.00	\$994.00	\$1,085.00	\$1,055.00	\$1,146.00	
Group Health CDHP		\$47.00	\$79.00	\$64.00	\$96.00	\$935.00	\$967.00	\$952.00	\$984.00	
Group Health SoundChoice		\$70.00	\$125.00	\$104.00	\$159.00	\$958.00	\$1,013.00	\$992.00	\$1,047.00	
Group Health Medicare Only										
Kaiser Permanente Classic		\$169.00	\$323.00	\$277.00	\$431.00	\$1,057.00	\$1,211.00	\$1,165.00	\$1,319.00	
Kaiser Permanente CDHP		\$54.00	\$93.00	\$76.00	\$115.00	\$942.00	\$981.00	\$964.00	\$1,003.00	
Uniform Medical Plan Classic		\$109.00	\$203.00	\$172.00	\$266.00	\$997.00	\$1,091.00	\$1,060.00	\$1,154.00	
Uniform Medical Plan CDHP		\$46.00	\$77.00	\$62.00	\$93.00	\$934.00	\$965.00	\$950.00	\$981.00	
Uniform Medical Plan ACP		\$84.00	\$153.00	\$128.00	\$197.00	\$972.00	\$1,041.00	\$1,016.00	\$1,085.00	
Including Spouse Waiver (AV) Surcharge										
Group Health Classic		\$118.00	\$296.00	\$207.00	\$385.00	\$1,006.00	\$1,184.00	\$1,095.00	\$1,273.00	
Group Health Value		\$81.00	\$222.00	\$142.00	\$283.00	\$969.00	\$1,110.00	\$1,030.00	\$1,171.00	
Group Health CDHP		\$22.00	\$104.00	\$39.00	\$121.00	\$910.00	\$992.00	\$927.00	\$1,009.00	
Group Health SoundChoice		\$45.00	\$150.00	\$79.00	\$184.00	\$933.00	\$1,038.00	\$967.00	\$1,072.00	
Group Health Medicare Only										
Kaiser Permanente Classic		\$144.00	\$348.00	\$252.00	\$456.00	\$1,032.00	\$1,236.00	\$1,140.00	\$1,344.00	
Kaiser Permanente CDHP		\$29.00	\$118.00	\$51.00	\$140.00	\$917.00	\$1,006.00	\$939.00	\$1,028.00	
Uniform Medical Plan Classic		\$84.00	\$228.00	\$147.00	\$291.00	\$972.00	\$1,116.00	\$1,035.00	\$1,179.00	
Uniform Medical Plan CDHP		\$21.00	\$102.00	\$37.00	\$118.00	\$909.00	\$990.00	\$925.00	\$1,006.00	
Uniform Medical Plan ACP		\$59.00	\$178.00	\$103.00	\$222.00	\$947.00	\$1,066.00	\$991.00	\$1,110.00	
Including Tobacco and Spouse Waiver (AV) Surcharges										
Group Health Classic		\$143.00	\$321.00	\$232.00	\$410.00	\$1,031.00	\$1,209.00	\$1,120.00	\$1,298.00	
Group Health Value		\$106.00	\$247.00	\$167.00	\$308.00	\$994.00	\$1,135.00	\$1,055.00	\$1,196.00	
Group Health CDHP		\$47.00	\$129.00	\$64.00	\$146.00	\$935.00	\$1,017.00	\$952.00	\$1,034.00	
Group Health SoundChoice		\$70.00	\$175.00	\$104.00	\$209.00	\$958.00	\$1,063.00	\$992.00	\$1,097.00	
Group Health Medicare Only										
Kaiser Permanente Classic		\$169.00	\$373.00	\$277.00	\$481.00	\$1,057.00	\$1,261.00	\$1,165.00	\$1,369.00	
Kaiser Permanente CDHP		\$54.00	\$143.00	\$76.00	\$165.00	\$942.00	\$1,031.00	\$964.00	\$1,053.00	
Uniform Medical Plan Classic		\$109.00	\$253.00	\$172.00	\$316.00	\$997.00	\$1,141.00	\$1,060.00	\$1,204.00	
Uniform Medical Plan CDHP		\$46.00	\$127.00	\$62.00	\$143.00	\$934.00	\$1,015.00	\$950.00	\$1,031.00	
Uniform Medical Plan ACP		\$84.00	\$203.00	\$128.00	\$247.00	\$972.00	\$1,091.00	\$1,016.00	\$1,135.00	