Washington State Health Care Authority

2018 PEBB Rate Book

PEBB Life and AD&D Rates Paid to Plan and Charged to Subscribers

Employee Optional Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)			
Age	Non-Smok	er Smoker	
<25	\$0.02	\$0.037	
25-29	\$0.03	\$0.043	
30-34	\$0.03	\$0.057	
35-39	\$0.04	\$0.066	
40-44	\$0.06	\$0.073	
45-49	\$0.09	92 \$0.111	
50-54	\$0.14	\$0.170	
55-59	\$0.26	58 \$0.317	
60-64	\$0.41	\$0.482	
65-69	\$0.75	\$0.929	
70+	\$1.13	\$1.510	

Spouse/State-Registered Domestic Partner Life		
Monthly Cost for Each \$1,000 of Coverage (Up to 50% of Employee Optional in \$5,000 increments)		
Age	Non-Smoker	Smoker
<25	\$0.028	\$0.037
25-29	\$0.031	\$0.043
30-34	\$0.034	\$0.057
35-39	\$0.043	\$0.066
40-44	\$0.064	\$0.073
45-49	\$0.092	\$0.111
50-54	\$0.143	\$0.170
55-59	\$0.268	\$0.317
60-64	\$0.411	\$0.482
65-69	\$0.758	\$0.929
70+	\$1.131	\$1.510

Child Life		
Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)		
Age 2 weeks - 26 years	\$0.124	

Spouse/State-Registered Domestic Partner AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)	
Cost per \$1.000	\$0.019

Child AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)	
Cost per \$1,000	\$0.016

* Represents premium paid to Plan

Cost per \$1,000

For State Actives, basic coverage is paid by the employer.

Employee Optional AD&D

Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)

For Actives from Employer Groups, ESDs, and K-12 Districts Accepting the Full Benefits Package, the premium for basic coverage is included in the rates for the selected medical plan.

Coverage is not provided to Actives from K-12 Districts and Employer Groups Accepting Medical Only Package.

\$0.019

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PEBB Long Term Disability Plan - Rates Paid to Plan and Charged to Subscribers

		40.10
Basic Plan for Actives	Monthly Cost*:	\$2.10

Optional Plan		
Waiting Period	TIAA/CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees
30 days	2.60%	2.06%
60 days	1.32%	1.09%
90 days	0.72%	0.60%
120 days	0.42%	0.36%
180 days	0.32%	0.28%
240 days	0.30%	0.27%
300 days	0.28%	0.25%
360 days	0.27%	0.24%

* Represents premium paid to plan only.

For State Actives, Basic Plan coverage is funded by the state.