

Washington State Health Care Authority

2019 PEBB Rate Book

K-12 and Other Employer Groups - Active Tiered Rates for Full Benefits Package & Medical Only Package Premium Rate Elements

Total Premium	Full Benefits Package			
	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$857.30	\$1,561.98	\$1,385.81	\$2,090.49
Kaiser Permanente NW CDHP	\$750.81	\$1,343.03	\$1,209.56	\$1,743.46
Kaiser Permanente WA Classic	\$880.04	\$1,607.45	\$1,425.60	\$2,153.02
Kaiser Permanente WA Value	\$802.90	\$1,453.19	\$1,290.61	\$1,940.90
Kaiser Permanente WA SoundChoice	\$749.86	\$1,347.09	\$1,197.78	\$1,795.02
Kaiser Permanente WA CDHP	\$747.09	\$1,336.11	\$1,203.44	\$1,734.12
Uniform Medical Plan Classic	\$821.50	\$1,490.37	\$1,323.15	\$1,992.03
Uniform Medical Plan Plus - PSHVN	\$764.72	\$1,376.83	\$1,223.80	\$1,835.90
Uniform Medical Plan Plus - UW	\$764.72	\$1,376.83	\$1,223.80	\$1,835.90
Uniform Medical Plan CDHP	\$747.19	\$1,336.30	\$1,203.61	\$1,734.39

Medical Only			
Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
\$771.90	\$1,476.58	\$1,300.41	\$2,005.09
\$665.41	\$1,257.63	\$1,124.16	\$1,658.06
\$794.64	\$1,522.05	\$1,340.20	\$2,067.62
\$717.50	\$1,367.79	\$1,205.21	\$1,855.50
\$664.46	\$1,261.69	\$1,112.38	\$1,709.62
\$661.69	\$1,250.71	\$1,118.04	\$1,648.72
\$736.10	\$1,404.97	\$1,237.75	\$1,906.63
\$679.32	\$1,291.43	\$1,138.40	\$1,750.50
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\$661.79	\$1,250.90	\$1,118.21	\$1,648.99

Medical Premium Rate Element	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$704.68	\$1,409.36	\$1,233.19	\$1,937.87
Kaiser Permanente NW CDHP	\$598.19	\$1,190.41	\$1,056.94	\$1,590.84
Kaiser Permanente WA Classic	\$727.42	\$1,454.83	\$1,272.98	\$2,000.40
Kaiser Permanente WA Value	\$650.28	\$1,300.57	\$1,137.99	\$1,788.28
Kaiser Permanente WA SoundChoice	\$597.24	\$1,194.47	\$1,045.16	\$1,642.40
Kaiser Permanente WA CDHP	\$594.47	\$1,183.49	\$1,050.82	\$1,581.50
Uniform Medical Plan Classic	\$668.88	\$1,337.75	\$1,170.53	\$1,839.41
Uniform Medical Plan Plus - PSHVN	\$612.10	\$1,224.21	\$1,071.18	\$1,683.28
Uniform Medical Plan Plus - UW	\$612.10	\$1,224.21	\$1,071.18	\$1,683.28
Uniform Medical Plan CDHP	\$594.57	\$1,183.68	\$1,050.99	\$1,581.77

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Premium Rate elements other than medical	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Tiered and Self-Pay Admin	\$5.97	\$5.97	\$5.97	\$5.97
Life	\$3.96	\$3.96	\$3.96	\$3.96
LTD	\$2.10	\$2.10	\$2.10	\$2.10
Dental	\$79.34	\$79.34	\$79.34	\$79.34
Retiree Subsidy Charged	\$61.25	\$61.25	\$61.25	\$61.25
Total with Medical Waived	\$152.62	\$152.62	\$152.62	\$152.62

\$5.97	\$5.97	\$5.97	\$5.97
\$61.25	\$61.25	\$61.25	\$61.25
\$67.22	\$67.22	\$67.22	\$67.22

Surcharges	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Tobacco Use Surcharge	\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver (AV) Surcharge	\$0.00	\$50.00	\$0.00	\$50.00

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