



Washington State Health Care Authority
School Employees Benefits Board
P.O. Box 42720 • Olympia, Washington 98504-2720
www.hca.wa.gov/sebb

August 26, 2019

To: Payroll and Benefits Offices of K-12 School Districts, Charter Schools, and Educational Service Districts with Represented Employees

From: Amy Corrigan, Management Analyst 5
SEBB Program Outreach and Training

Subject: 2020 SEBB Program Rates – Effective January 1, 2020

Overview

Beginning January 1, 2020, the monthly base rate (employer contribution) of \$994 per eligible employee for health care contributions will be effective until June 30, 2020. This is the amount due to the Health Care Authority (HCA) even if an employee chooses to waive medical coverage. Employees cannot waive vision and dental.

Medical, vision, and dental insurance

Monthly premiums for the employee contribution for medical coverage effective January 1, 2020 are attached. Vision and dental coverage are employer-paid and are included in the employer contribution; there are no monthly employee premiums for vision or dental coverage.

SEBB Program first annual open enrollment

The School Employees Benefits Board (SEBB) Program's first annual open enrollment is October 1 through 11:59 p.m. November 15, 2019. In mid-September, the SEBB Program will mail the *School Employee Initial Enrollment Guide* to the employee's address listed in the eligibility file that was uploaded to SEBB My Account in September.

Employees must make their elections no later than November 15, 2019 or they will be defaulted into the following plans:

- Uniform Medical Plan (UMP) Achieve 1
- Uniform Dental Plan
- MetLife Vision Plan
- Basic life and AD&D insurance
- Basic LTD insurance as a single subscriber
- Their dependents will not be enrolled in coverage.

The employee will also be defaulted to pay the \$25 tobacco use premium surcharge in addition to their monthly UMP Achieve 1 medical premium.

Premium surcharges

During the first annual open enrollment, employees must attest to this surcharge for themselves and each of their dependents, ages 13 or older, enrolled in SEBB medical. Employees who do not attest will be charged the \$25 monthly premium surcharge in addition to their monthly medical premium.

The tobacco use premium surcharge is \$25 per month, regardless of the number of tobacco users enrolled on the account, in addition to the monthly medical premium.

The spouse or state-registered domestic partner coverage premium surcharge is \$50 per month in addition to the monthly medical premium. It applies to subscribers who cover a spouse or partner in SEBB medical coverage who has chosen not to enroll in their own employer-based group health insurance that is comparable to the Public Employees Benefits Board (PEBB) Program Uniform Medical Plan (UMP) Classic.

Employees who cover a spouse or state-registered domestic partner on their medical coverage must attest to this premium surcharge during the first annual open enrollment. Employees who enroll a spouse or partner but do not attest will be charged the \$50 monthly premium surcharge in addition to their monthly medical premium.

Life, Accidental Death and Dismemberment (AD&D), and Long-Term Disability (LTD) insurance

Basic life and AD&D insurance are employer-paid. The \$3.95 monthly premium is included in the employer contribution. Employees pay for supplemental life and AD&D. The rates are attached.

Basic LTD is employer-paid. The \$2.10 monthly premium is included in the employer contribution. Employees pay for supplemental LTD. The rates are attached.

Additional taxable income for non-qualified tax dependents

Certain individuals may not qualify under IRS regulations as dependents, so the pre-tax deduction of premiums from taxable income is not appropriate. Tax tables are attached to assist you in determining additional taxable income that should be assigned to employees, if the employee's contributions are made for a non-qualified tax dependent.

Tables 1 and 2 provide monthly amounts for additional taxable income for non-qualified tax dependents for 2020. Tables 3-7 provide monthly payroll employee contributions (deductions for non-tax qualified dependents). If a dependent is a non-qualified tax dependent, or is allowed late enrollment outside of the SEBB Program annual open enrollment, or when a special open enrollment occurs, use Tables 3-7 to determine the amount of the employee contribution to withhold on a post-tax basis for 2020.

Employees are required to complete the *2020 SEBB Declaration of Tax Status* form when enrolling an individual on their SEBB Program insurance coverage who does not qualify as a dependent for tax purposes (e.g., a state-registered domestic partner or their eligible children).

If you have questions about the rates, please contact me at 360-725-0826 or amy.corrigan@hca.wa.gov.

Sincerely,

Amy Corrigan

Attachments

C. Grace Fletcher

Washington State Health Care Authority

2020 SEBB Rate Book

Active with Surcharges (for January through June 2020 only)

Plans	01/01/20 through 06/30/20	Employee Contributions: CY 2020			
	Base Rate	Subscriber	Subscriber and Spouse**	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1*	\$ 994	\$ 28	\$ 56	\$ 49	\$ 84
Kaiser Permanente NW 2*	\$ 994	\$ 41	\$ 82	\$ 72	\$ 123
Kaiser Permanente NW 3*	\$ 994	\$ 106	\$ 212	\$ 186	\$ 318
Kaiser Permanente WA Core 1	\$ 994	\$ 13	\$ 26	\$ 23	\$ 39
Kaiser Permanente WA Core 2	\$ 994	\$ 19	\$ 38	\$ 33	\$ 57
Kaiser Permanente WA Core 3	\$ 994	\$ 89	\$ 178	\$ 156	\$ 267
Kaiser Permanente WA SoundChoice	\$ 994	\$ 49	\$ 98	\$ 86	\$ 147
Kaiser Permanente WA Options Access PPO 1	\$ 994	\$ 39	\$ 78	\$ 68	\$ 117
Kaiser Permanente WA Options Access PPO 2	\$ 994	\$ 69	\$ 138	\$ 121	\$ 207
Kaiser Permanente WA Options Access PPO 3	\$ 994	\$ 116	\$ 232	\$ 203	\$ 348
Premera Blue Cross High PPO	\$ 994	\$ 70	\$ 140	\$ 123	\$ 210
Premera Blue Cross Peak Care EPO	\$ 994	\$ 31	\$ 62	\$ 54	\$ 93
Premera Blue Cross Standard PPO	\$ 994	\$ 22	\$ 44	\$ 39	\$ 66
Uniform Medical Plan Achieve 1	\$ 994	\$ 33	\$ 66	\$ 58	\$ 99
Uniform Medical Plan Achieve 2	\$ 994	\$ 98	\$ 196	\$ 172	\$ 294
Uniform Medical Plan High Deductible	\$ 994	\$ 25	\$ 50	\$ 44	\$ 75
Uniform Medical Plan Plus - PSHVN	\$ 994	\$ 68	\$ 136	\$ 119	\$ 204
Uniform Medical Plan Plus - UW	\$ 994	\$ 68	\$ 136	\$ 119	\$ 204

Surcharges					
Tobacco Use Surcharge		\$ 25	\$ 25	\$ 25	\$ 25
Spouse Waiver (AV) Surcharge		\$ -	\$ 50	\$ -	\$ 50

¹ Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in Washington, and select Oregon counties

² Or state-registered domestic partner

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2020 SEBB Rate Book

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

Employee Basic*	Monthly Cost:	\$	3.95
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Employee Supplemental Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)		
Age	Non-Smoker	Smoker
<25	\$0.038	\$0.050
25-29	\$0.042	\$0.060
30-34	\$0.046	\$0.080
35-39	\$0.058	\$0.090
40-44	\$0.088	\$0.100
45-49	\$0.128	\$0.150
50-54	\$0.188	\$0.230
55-59	\$0.346	\$0.400
60-64	\$0.534	\$0.630
65-69	\$0.962	\$1.220
70+	\$1.438	\$1.988

Spouse/State Registered Domestic Partner Life Monthly Cost for Each \$1,000 of Coverage (Up to 50% of Employee Supplemental in \$5,000 increments)		
Age**	Non-Smoker	Smoker
<25	\$0.038	\$0.050
25-29	\$0.042	\$0.060
30-34	\$0.046	\$0.080
35-39	\$0.058	\$0.090
40-44	\$0.088	\$0.100
45-49	\$0.128	\$0.150
50-54	\$0.188	\$0.230
55-59	\$0.346	\$0.400
60-64	\$0.534	\$0.630
65-69	\$0.962	\$1.220
70+	\$1.438	\$1.988

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

Employee Supplemental AD&D Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)	
Cost per \$1,000	\$0.019

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. For K12 Actives and locally negotiated, basic coverage is paid by the employer.

**Spouse /state-registered domestic partner rates are based on the employee's age

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2020 SEBB Rate Book

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

Basic Plan	Monthly Cost*:	\$2.10
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Optional Plan

Rate	
Age	Rate
< 30	0.0014
30-34	0.0019
35-39	0.0029
40-44	0.0041
45-49	0.0056
50-54	0.0077
55-59	0.0093
60-64	0.0096
65+	0.0098

* Represents premium paid to plan only.

Notes:

For K12 Actives, Basic Plan coverage is paid by the employer
Based on age as of January 1st each year

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2020 SEBB Rate Book

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical, Dental, and Vision

2020 Monthly State Premium Contribution for Medical, Dental, and Vision for Active Employees

Additional Taxable Income for Non-Tax Qualified Dependent Coverage

MEDICAL, DENTAL, AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$ 611	\$ 470	\$ 1,222

Table 2: Employer Share Dental and Vision Only

Sample chart for dental and vision only enrollment-taxable amount for dependents

DENTAL AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Dental Plans	\$ 49	\$ 49	\$ 98
All Vision Plans	\$ 7	\$ 5	\$ 14

*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

Notes:

- The default dental plan (UDP) is used for the purpose of this calculation
- The default vision plan (MetLife) is used for the purpose of this calculation

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

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$ 28	\$ 56	\$ 49	\$ 84
Kaiser Permanente NW 2	\$ 41	\$ 82	\$ 72	\$ 123
Kaiser Permanente NW 3	\$ 106	\$ 212	\$ 186	\$ 318
Kaiser Permanente WA Core 1	\$ 13	\$ 26	\$ 23	\$ 39
Kaiser Permanente WA Core 2	\$ 19	\$ 38	\$ 33	\$ 57
Kaiser Permanente WA Core 3	\$ 89	\$ 178	\$ 156	\$ 267
Kaiser Permanente WA SoundChoice	\$ 49	\$ 98	\$ 86	\$ 147
Kaiser Permanente WA Options Access PPO 1	\$ 39	\$ 78	\$ 68	\$ 117
Kaiser Permanente WA Options Access PPO 2	\$ 69	\$ 138	\$ 121	\$ 207
Kaiser Permanente WA Options Access PPO 3	\$ 116	\$ 232	\$ 203	\$ 348
Premera Blue Cross High PPO	\$ 70	\$ 140	\$ 123	\$ 210
Premera Blue Cross Peak Care EPO	\$ 31	\$ 62	\$ 54	\$ 93
Premera Blue Cross Standard PPO	\$ 22	\$ 44	\$ 39	\$ 66
Uniform Medical Plan Achieve 1	\$ 33	\$ 66	\$ 58	\$ 99
Uniform Medical Plan Achieve 2	\$ 98	\$ 196	\$ 172	\$ 294
Uniform Medical Plan High Deductible	\$ 25	\$ 50	\$ 44	\$ 75
Uniform Medical Plan Plus - PSHVN	\$ 68	\$ 136	\$ 119	\$ 204
Uniform Medical Plan Plus - UW	\$ 68	\$ 136	\$ 119	\$ 204

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K12 Active Employee Monthly Contributions (Deductions) for Non-Tax Qualified Dependents

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW 1	\$ 56	\$ 28	\$ 28
Kaiser Permanente NW 2	\$ 82	\$ 41	\$ 41
Kaiser Permanente NW 3	\$ 212	\$ 106	\$ 106
Kaiser Permanente WA Core 1	\$ 26	\$ 13	\$ 13
Kaiser Permanente WA Core 2	\$ 38	\$ 19	\$ 19
Kaiser Permanente WA Core 3	\$ 178	\$ 89	\$ 89
Kaiser Permanente WA SoundChoice	\$ 98	\$ 49	\$ 49
Kaiser Permanente WA Options Access PPO 1	\$ 78	\$ 39	\$ 39
Kaiser Permanente WA Options Access PPO 2	\$ 138	\$ 69	\$ 69
Kaiser Permanente WA Options Access PPO 3	\$ 232	\$ 116	\$ 116
Premera Blue Cross High PPO	\$ 140	\$ 70	\$ 70
Premera Blue Cross Peak Care EPO	\$ 62	\$ 31	\$ 31
Premera Blue Cross Standard PPO	\$ 44	\$ 22	\$ 22
Uniform Medical Plan Achieve 1	\$ 66	\$ 33	\$ 33
Uniform Medical Plan Achieve 2	\$ 196	\$ 98	\$ 98
Uniform Medical Plan High Deductible	\$ 50	\$ 25	\$ 25
Uniform Medical Plan Plus - PSHVN	\$ 136	\$ 68	\$ 68
Uniform Medical Plan Plus - UW	\$ 136	\$ 68	\$ 68

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

Plan Name	Full Family	Subscriber	Partner and Child(ren)
Kaiser Permanente NW 1	\$ 84	\$ 28	\$ 56
Kaiser Permanente NW 2	\$ 123	\$ 41	\$ 82
Kaiser Permanente NW 3	\$ 318	\$ 106	\$ 212
Kaiser Permanente WA Core 1	\$ 39	\$ 13	\$ 26
Kaiser Permanente WA Core 2	\$ 57	\$ 19	\$ 38
Kaiser Permanente WA Core 3	\$ 267	\$ 89	\$ 178
Kaiser Permanente WA SoundChoice	\$ 147	\$ 49	\$ 98
Kaiser Permanente WA Options Access PPO 1	\$ 117	\$ 39	\$ 78
Kaiser Permanente WA Options Access PPO 2	\$ 207	\$ 69	\$ 138
Kaiser Permanente WA Options Access PPO 3	\$ 348	\$ 116	\$ 232
Premera Blue Cross High PPO	\$ 210	\$ 70	\$ 140
Premera Blue Cross Peak Care EPO	\$ 93	\$ 31	\$ 62
Premera Blue Cross Standard PPO	\$ 66	\$ 22	\$ 44
Uniform Medical Plan Achieve 1	\$ 99	\$ 33	\$ 66
Uniform Medical Plan Achieve 2	\$ 294	\$ 98	\$ 196
Uniform Medical Plan High Deductible	\$ 75	\$ 25	\$ 50
Uniform Medical Plan Plus - PSHVN	\$ 204	\$ 68	\$ 136
Uniform Medical Plan Plus - UW	\$ 204	\$ 68	\$ 136

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K12 Active Employee Monthly Contributions (Deductions) for Non-Tax Qualified Dependents

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW 1	\$ 84	\$ 49	\$ 35
Kaiser Permanente NW 2	\$ 123	\$ 72	\$ 51
Kaiser Permanente NW 3	\$ 318	\$ 186	\$ 132
Kaiser Permanente WA Core 1	\$ 39	\$ 23	\$ 16
Kaiser Permanente WA Core 2	\$ 57	\$ 33	\$ 24
Kaiser Permanente WA Core 3	\$ 267	\$ 156	\$ 111
Kaiser Permanente WA SoundChoice	\$ 147	\$ 86	\$ 61
Kaiser Permanente WA Options Access PPO 1	\$ 117	\$ 68	\$ 49
Kaiser Permanente WA Options Access PPO 2	\$ 207	\$ 121	\$ 86
Kaiser Permanente WA Options Access PPO 3	\$ 348	\$ 203	\$ 145
Premera Blue Cross High PPO	\$ 210	\$ 123	\$ 87
Premera Blue Cross Peak Care EPO	\$ 93	\$ 54	\$ 39
Premera Blue Cross Standard PPO	\$ 66	\$ 39	\$ 27
Uniform Medical Plan Achieve 1	\$ 99	\$ 58	\$ 41
Uniform Medical Plan Achieve 2	\$ 294	\$ 172	\$ 122
Uniform Medical Plan High Deductible	\$ 75	\$ 44	\$ 31
Uniform Medical Plan Plus - PSHVN	\$ 204	\$ 119	\$ 85
Uniform Medical Plan Plus - UW	\$ 204	\$ 119	\$ 85

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

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Children
Kaiser Permanente NW 1	\$ 49	\$ 28	\$ 21
Kaiser Permanente NW 2	\$ 72	\$ 41	\$ 31
Kaiser Permanente NW 3	\$ 186	\$ 106	\$ 80
Kaiser Permanente WA Core 1	\$ 23	\$ 13	\$ 10
Kaiser Permanente WA Core 2	\$ 33	\$ 19	\$ 14
Kaiser Permanente WA Core 3	\$ 156	\$ 89	\$ 67
Kaiser Permanente WA SoundChoice	\$ 86	\$ 49	\$ 37
Kaiser Permanente WA Options Access PPO 1	\$ 68	\$ 39	\$ 29
Kaiser Permanente WA Options Access PPO 2	\$ 121	\$ 69	\$ 52
Kaiser Permanente WA Options Access PPO 3	\$ 203	\$ 116	\$ 87
Premera Blue Cross High PPO	\$ 123	\$ 70	\$ 53
Premera Blue Cross Peak Care EPO	\$ 54	\$ 31	\$ 23
Premera Blue Cross Standard PPO	\$ 39	\$ 22	\$ 17
Uniform Medical Plan Achieve 1	\$ 58	\$ 33	\$ 25
Uniform Medical Plan Achieve 2	\$ 172	\$ 98	\$ 74
Uniform Medical Plan High Deductible	\$ 44	\$ 25	\$ 19
Uniform Medical Plan Plus - PSHVN	\$ 119	\$ 68	\$ 51
Uniform Medical Plan Plus - UW	\$ 119	\$ 68	\$ 51