



Washington State Health Care Authority  
*Public Employees Benefits Board*

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August 21, 2019

TO: Personnel, Payroll, and Benefit Offices of All State Agencies, Four-Year Higher Education Institutions, State Board for Community and Technical Colleges, and Commodity Commissions

FROM: Amy Corrigan, Management Analyst 5  
PEB Outreach & Training Team

SUBJECT: Fiscal Year 2020 PEBB Program Rates – Composite

### **Overview**

The monthly base rate of \$939 per eligible employee for health care contributions for fiscal year 2020 will remain unchanged until July 1, 2020.

### **Medical/Dental Insurance**

Based on new contracts with the health plans, the revised employee contribution for medical coverage effective January 1, 2020 is attached.

### **PEBB Program Open Enrollment**

The Public Employees Benefits Board (PEBB) Program I open enrollment is November 1-30. In October, the PEBB Program will mail the *For Your Benefit* newsletter to the employee's address on record, or will send it electronically to those who subscribe to the email subscription. This is the only notice the PEBB Program will send to employees about open enrollment. Information will be available on the [PEBB Program website](#) before the start of open enrollment.

### **Premium Surcharges**

The tobacco use premium surcharge will remain at \$25 per-account per month in addition to the monthly medical premium, regardless of the number of tobacco users in the family.

The spouse or state-registered domestic partner coverage premium surcharge will remain at \$50 per month in addition to the monthly medical premium for subscribers who cover a spouse or state-registered domestic partner in PEBB medical coverage where the spouse or state-registered domestic partner has chosen not to enroll in their own employer-based group health insurance that is comparable to the Uniform Medical Plan (UMP) Classic.

Employees who cover a spouse or state-registered domestic partner on their 2020 medical coverage may be required to attest to the spouse or state-registered domestic partner coverage premium surcharge during the PEBB Program open enrollment. The PEBB Program will notify the employees of the need to attest.

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

Employee's supplemental life and AD&D insurance premiums will remain the same for the 2020 plan year (unless an employee changes age brackets or increases their coverage).

Employee's supplemental LTD premiums will remain the same for the 2020 plan year (unless their wages increase or they shorten their waiting period). The 30 and 60-day waiting periods will no longer be offered under the PEBB LTD plan beginning January 1, 2020. The Paid Family Medical Leave (PFML) replaces the 30 and 60-day waiting periods. Employees enrolled in supplemental LTD with a 30 or 60-day waiting period must change to a 90-day or a longer benefit waiting period no later than December 31, 2019, or they will be defaulted to a 90-day waiting period.

The rate schedule for life, AD&D, and LTD insurance is also attached.

**Additional Taxable Income for Non-Tax Qualified Dependents**

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

Tables 1 and 2 provide monthly amounts for additional taxable income for non-tax qualified 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 PEBB Program open enrollment, or when a special open enrollment occurs, use Tables 3-7 to determine the amount of the employee contributions to withhold on a post-tax basis for 2020.

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

Attachments  
c: Kate LaBelle

**Washington State Health Care Authority**

**2020 PEBB Rate Book**

Composite Active Rates for State, Higher Education, and Commodity Commissions (for January through June 2020 only)

	07/01/19 through 06/30/20	Employee Contributions: CY 2020				Total Base Rates With Employee Contributions: January - June 2020			
Plans	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$939	\$140	\$290	\$245	\$395	\$1,079	\$1,229	\$1,184	\$1,334
Kaiser Permanente NW CDHP	\$939	\$25	\$60	\$44	\$79	\$964	\$999	\$983	\$1,018
Kaiser Permanente WA Classic	\$939	\$176	\$362	\$308	\$494	\$1,115	\$1,301	\$1,247	\$1,433
Kaiser Permanente WA Value	\$939	\$100	\$210	\$175	\$285	\$1,039	\$1,149	\$1,114	\$1,224
Kaiser Permanente WA SoundChoice	\$939	\$42	\$94	\$74	\$126	\$981	\$1,033	\$1,013	\$1,065
Kaiser Permanente WA CDHP	\$939	\$27	\$64	\$47	\$84	\$966	\$1,003	\$986	\$1,023
Uniform Medical Plan Classic	\$939	\$104	\$218	\$182	\$296	\$1,043	\$1,157	\$1,121	\$1,235
Uniform Medical Plan Plus - PSHVN	\$939	\$69	\$148	\$121	\$200	\$1,008	\$1,087	\$1,060	\$1,139
Uniform Medical Plan Plus - UW	\$939	\$69	\$148	\$121	\$200	\$1,008	\$1,087	\$1,060	\$1,139
Uniform Medical Plan CDHP	\$939	\$25	\$60	\$44	\$79	\$964	\$999	\$983	\$1,018
<b>Surcharges</b>									
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

Washington State Health Care Authority  
 2020 PEBB Rate Book  
 PEBB Life and AD&D Rates Paid to Plan and Charged to Subscribers

<b>Employee Basic*</b>	<b>Monthly Cost:</b>	\$3.95
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<b>Employee Supplemental Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)</b>		
<b>Age</b>	<b>Non-Smoker</b>	<b>Smoker</b>
<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

<b>Spouse/State-Registered Domestic Partner Life Monthly Cost for Each \$1,000 of Coverage (Up to 50% of Employee Supplemental in \$5,000 increments)</b>		
<b>Age</b>	<b>Non-Smoker</b>	<b>Smoker</b>
<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

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

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

<b>Spouse/Registered Domestic Partner AD&amp;D Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)</b>	
Cost per \$1,000	\$0.019

<b>Child AD&amp;D Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)</b>	
Cost per \$1,000	\$0.016

\* Represents premium paid to Plan

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

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 Employer Groups Accepting Medical Only Package.

**Washington State Health Care Authority**

**2020 PEBB Rate Book**

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

<b>Basic Plan for Actives</b>	<b>Monthly Cost*:</b>	<b>\$2.10</b>
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<b>Optional Plan</b>		
<b>Waiting Period</b>	<b>TIAA/CREF or Higher Education Academic Retirement Plan Employees</b>	<b>TRS, PERS, &amp; other Retirement Plan Employees</b>
30 days	No longer available effective 1/1/2020	
60 days	No longer available effective 1/1/2020	
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.

**Washington State Health Care Authority**

**2020 PEBB Rate Book**

Additional Taxable Income for Non-Tax Qualified Dependents

**Table 1: Employer Share Medical and Dental**

2020 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	\$608	\$475	\$1,083

**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	\$47	\$47	\$94

**2020 Monthly State Contribution for Medicare Retirees (monthly state subsidy)\*\***

**Additional taxable income for non-tax qualified domestic partners**

Kaiser Permanente NW Classic	\$ 168.85
Kaiser Permanente WA Medicare Only	\$ 169.49
Uniform Medical Plan Classic	\$ 183.00
Plan F Retired	\$ 107.78
Plan F Disabled	\$ 183.00
Plan G Retired	\$ 92.50
Plan G Disabled	\$ 157.25

\*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

**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 Classic	\$ 140	\$ 290	\$ 245	\$ 395
Kaiser Permanente NW CDHP	\$ 25	\$ 60	\$ 44	\$ 79
Kaiser Permanente WA Classic	\$ 176	\$ 362	\$ 308	\$ 494
Kaiser Permanente WA Value	\$ 100	\$ 210	\$ 175	\$ 285
Kaiser Permanente WA SoundChoice	\$ 42	\$ 94	\$ 74	\$ 126
Kaiser Permanente WA CDHP	\$ 27	\$ 64	\$ 47	\$ 84
Uniform Medical Plan Classic	\$ 104	\$ 218	\$ 182	\$ 296
Uniform Medical Plan Plus - PSHVN	\$ 69	\$ 148	\$ 121	\$ 200
Uniform Medical Plan Plus - UW	\$ 69	\$ 148	\$ 121	\$ 200
Uniform Medical Plan CDHP	\$ 25	\$ 60	\$ 44	\$ 79

Washington State Health Care Authority

2020 PEBB Rate Book

State and Higher Education 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 Classic	\$ 290	\$ 140	\$ 150
Kaiser Permanente NW CDHP	\$ 60	\$ 25	\$ 35
Kaiser Permanente WA Classic	\$ 362	\$ 176	\$ 186
Kaiser Permanente WA Value	\$ 210	\$ 100	\$ 110
Kaiser Permanente WA SoundChoice	\$ 94	\$ 42	\$ 52
Kaiser Permanente WA CDHP	\$ 64	\$ 27	\$ 37
Uniform Medical Plan Classic	\$ 218	\$ 104	\$ 114
Uniform Medical Plan Plus - PSHVN	\$ 148	\$ 69	\$ 79
Uniform Medical Plan Plus - UW	\$ 148	\$ 69	\$ 79
Uniform Medical Plan CDHP	\$ 60	\$ 25	\$ 35

**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 Classic	\$ 395	\$ 140	\$ 255
Kaiser Permanente NW CDHP	\$ 79	\$ 25	\$ 54
Kaiser Permanente WA Classic	\$ 494	\$ 176	\$ 318
Kaiser Permanente WA Value	\$ 285	\$ 100	\$ 185
Kaiser Permanente WA SoundChoice	\$ 126	\$ 42	\$ 84
Kaiser Permanente WA CDHP	\$ 84	\$ 27	\$ 57
Uniform Medical Plan Classic	\$ 296	\$ 104	\$ 192
Uniform Medical Plan Plus - PSHVN	\$ 200	\$ 69	\$ 131
Uniform Medical Plan Plus - UW	\$ 200	\$ 69	\$ 131
Uniform Medical Plan CDHP	\$ 79	\$ 25	\$ 54

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW Classic	\$ 395	\$ 245	\$ 150
Kaiser Permanente NW CDHP	\$ 79	\$ 44	\$ 35
Kaiser Permanente WA Classic	\$ 494	\$ 308	\$ 186
Kaiser Permanente WA Value	\$ 285	\$ 175	\$ 110
Kaiser Permanente WA SoundChoice	\$ 126	\$ 74	\$ 52
Kaiser Permanente WA CDHP	\$ 84	\$ 47	\$ 37
Uniform Medical Plan Classic	\$ 296	\$ 182	\$ 114
Uniform Medical Plan Plus - PSHVN	\$ 200	\$ 121	\$ 79
Uniform Medical Plan Plus - UW	\$ 200	\$ 121	\$ 79
Uniform Medical Plan CDHP	\$ 79	\$ 44	\$ 35

**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 Classic	\$ 245	\$ 140	\$ 105
Kaiser Permanente NW CDHP	\$ 44	\$ 25	\$ 19
Kaiser Permanente WA Classic	\$ 308	\$ 176	\$ 132
Kaiser Permanente WA Value	\$ 175	\$ 100	\$ 75
Kaiser Permanente WA SoundChoice	\$ 74	\$ 42	\$ 32
Kaiser Permanente WA CDHP	\$ 47	\$ 27	\$ 20
Uniform Medical Plan Classic	\$ 182	\$ 104	\$ 78
Uniform Medical Plan Plus - PSHVN	\$ 121	\$ 69	\$ 52
Uniform Medical Plan Plus - UW	\$ 121	\$ 69	\$ 52
Uniform Medical Plan CDHP	\$ 44	\$ 25	\$ 19