



Washington State Health Care Authority
Public Employees Benefits Board

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August 31, 2020

TO: Personnel and Payroll Offices of Counties, Municipalities, Other Political Subdivisions, and Tribal Governments

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

SUBJECT: Calendar Year 2021 Rates – Tiered - Full Benefits Package

Medical/Dental Insurance

Based on new contracts with the health plans, the revised rates for medical and dental coverage effective January 1, 2021 are attached. As the employer, you determine how much of the total premium your employees are required to pay.

Employer Group Rate Surcharge

Senate Bill 6475 passed during the 2016 legislative session and described in RCW 41.05.050(2) requires participating counties, municipalities, other political subdivisions, and tribal governments incur an employer group rate surcharge. The employer group rate surcharge is applied to the monthly rate (included on the attached rate sheet).

PEBB Program Open Enrollment

The Public Employees Benefits Board (PEBB) Program annual open enrollment is November 1-30. In October, the PEBB Program will mail the *For Your Benefit* newsletter to employees at the address on record or will send it electronically to those who subscribe to 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](#) on October 1, 2020.

Employees who make online plan changes using *My Account* will not see premium rates. Instead, a pop-up box will prompt them to contact their personnel and payroll office. To support their decisions and address the questions they may have, you may want to distribute information to your employees before the PEBB Program open enrollment starts regarding premiums they will be expected to pay for 2021.

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 2021 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 2021 plan year (unless an employee changes age brackets or increases their coverage).

Employee's supplemental LTD premiums will remain the same for the 2021 plan year (unless their wages increase or they change their waiting period).

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

Additional Taxable Income for Non-Tax Qualified Dependents

If you have an IRS Section 125 Plan that allows employee premium dollars to be treated as a pre-tax deduction, a portion of the premium employers pay toward the family's coverage is considered taxable income to the employee if the employee has dependents enrolled who do not qualify as an IRS tax dependent. To assist you, we have included examples of how the state calculates these amounts for state agency personnel [Tables 1-7]. These tables should only be used as a template in developing calculations that are based on your employer contribution rate.

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

Attachments
c: Kate LaBelle

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2021 PEBB Rate Book

Employer Groups (Political Subdivisions and Tribal Governments) Active Tiered Rates for Full Benefits Package with Surcharge Tables

Plan	Non-Medicare			
	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 907.71	\$ 1,659.80	\$ 1,471.78	\$ 2,223.87
Kaiser Permanente NW CDHP	\$ 780.81	\$ 1,400.35	\$ 1,260.05	\$ 1,821.26
Kaiser Permanente WA Classic	\$ 937.44	\$ 1,719.27	\$ 1,523.81	\$ 2,305.63
Kaiser Permanente WA Value	\$ 861.01	\$ 1,566.39	\$ 1,390.05	\$ 2,095.43
Kaiser Permanente WA SoundChoice	\$ 803.48	\$ 1,451.33	\$ 1,289.37	\$ 1,937.22
Kaiser Permanente WA CDHP	\$ 781.34	\$ 1,401.91	\$ 1,261.35	\$ 1,823.59
Uniform Medical Plan Classic	\$ 853.77	\$ 1,551.91	\$ 1,377.37	\$ 2,075.52
Uniform Medical Plan Plus - PSHVN	\$ 820.84	\$ 1,486.07	\$ 1,319.76	\$ 1,984.98
Uniform Medical Plan Plus - UW	\$ 820.84	\$ 1,486.07	\$ 1,319.76	\$ 1,984.98
Uniform Medical Plan CDHP	\$ 780.57	\$ 1,400.36	\$ 1,260.00	\$ 1,821.46
Uniform Medical Plan Select	\$ 785.55	\$ 1,415.48	\$ 1,258.00	\$ 1,887.93
Medical Waived	\$ 155.62	\$ 155.62	\$ 155.62	\$ 155.62

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

These rates include the employer group rate surcharge authorized by RCW 41.05.050(2) (as amended by SB6475 (2016)), which for 2021 are \$12 for a single subscriber, \$24 for a subscriber and spouse, \$21 for subscriber and child(ren), and \$33 for full family coverage including the offset from the employer group rate surcharge to the non-political subdivision rates.

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

Employee Basic*	Monthly Cost:	\$3.955
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Employee Supplemental		
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)		
Age	Non-Smoker	Smoker
<25	\$0.028	\$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

Spouse/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	\$0.028	\$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

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

Spouse/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 State Actives, Plan A 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 Plan A Basic coverage is included in the rates for the selected medical plan.

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

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

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

Waiting Period	TIAA/CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees
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.

Basic - Does not include CWU, EWU

CWU (90 BWP)

Higher Educational Retirement Plan is 0.72 per % of predisability earnings

Non-higher Educational Retirement Plan is 0.60 per % of predisability earnings

EWU (120 BWP)

Higher Educational Retirement Plan is 0.42 per % of predisability earnings

Non-Higher Educational Retirement Plan is 0.36 per % of predisability earnings

Washington State Health Care Authority

2021 PEBB Rate Book

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical and Dental

2021 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	\$ 619	\$ 484	\$ 1,103

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	\$ 48	\$ 48	\$ 96

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	\$ 159	\$ 328	\$ 278	\$ 447
Kaiser Permanente NW CDHP	\$ 25	\$ 60	\$ 44	\$ 79
Kaiser Permanente WA Classic	\$ 189	\$ 388	\$ 331	\$ 530
Kaiser Permanente WA Value	\$ 112	\$ 234	\$ 196	\$ 318
Kaiser Permanente WA SoundChoice	\$ 55	\$ 120	\$ 96	\$ 161
Kaiser Permanente WA CDHP	\$ 26	\$ 62	\$ 46	\$ 82
Uniform Medical Plan Classic	\$ 105	\$ 220	\$ 184	\$ 299
Uniform Medical Plan Plus - PSHVN	\$ 72	\$ 154	\$ 126	\$ 208
Uniform Medical Plan Plus - UW	\$ 72	\$ 154	\$ 126	\$ 208
Uniform Medical Plan CDHP	\$ 25	\$ 60	\$ 44	\$ 79
Uniform Medical Plan Select	\$ 37	\$ 84	\$ 65	\$ 112

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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	\$ 328	\$ 159	\$ 169
Kaiser Permanente NW CDHP	\$ 60	\$ 25	\$ 35
Kaiser Permanente WA Classic	\$ 388	\$ 189	\$ 199
Kaiser Permanente WA Value	\$ 234	\$ 112	\$ 122
Kaiser Permanente WA SoundChoice	\$ 120	\$ 55	\$ 65
Kaiser Permanente WA CDHP	\$ 62	\$ 26	\$ 36
Uniform Medical Plan Classic	\$ 220	\$ 105	\$ 115
Uniform Medical Plan Plus - PSHVN	\$ 154	\$ 72	\$ 82
Uniform Medical Plan Plus - UW	\$ 154	\$ 72	\$ 82
Uniform Medical Plan CDHP	\$ 60	\$ 25	\$ 35
Uniform Medical Plan Select	\$ 84	\$ 37	\$ 47

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	\$ 447	\$ 159	\$ 288
Kaiser Permanente NW CDHP	\$ 79	\$ 25	\$ 54
Kaiser Permanente WA Classic	\$ 530	\$ 189	\$ 341
Kaiser Permanente WA Value	\$ 318	\$ 112	\$ 206
Kaiser Permanente WA SoundChoice	\$ 161	\$ 55	\$ 106
Kaiser Permanente WA CDHP	\$ 82	\$ 26	\$ 56
Uniform Medical Plan Classic	\$ 299	\$ 105	\$ 194
Uniform Medical Plan Plus - PSHVN	\$ 208	\$ 72	\$ 136
Uniform Medical Plan Plus - UW	\$ 208	\$ 72	\$ 136
Uniform Medical Plan CDHP	\$ 79	\$ 25	\$ 54
Uniform Medical Plan Select	\$ 112	\$ 37	\$ 75

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW Classic	\$ 447	\$ 278	\$ 169
Kaiser Permanente NW CDHP	\$ 79	\$ 44	\$ 35
Kaiser Permanente WA Classic	\$ 530	\$ 331	\$ 199
Kaiser Permanente WA Value	\$ 318	\$ 196	\$ 122
Kaiser Permanente WA SoundChoice	\$ 161	\$ 96	\$ 65
Kaiser Permanente WA CDHP	\$ 82	\$ 46	\$ 36
Uniform Medical Plan Classic	\$ 299	\$ 184	\$ 115
Uniform Medical Plan Plus - PSHVN	\$ 208	\$ 126	\$ 82
Uniform Medical Plan Plus - UW	\$ 208	\$ 126	\$ 82
Uniform Medical Plan CDHP	\$ 79	\$ 44	\$ 35
Uniform Medical Plan Select	\$ 112	\$ 65	\$ 47

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	\$ 278	\$ 159	\$ 119
Kaiser Permanente NW CDHP	\$ 44	\$ 25	\$ 19
Kaiser Permanente WA Classic	\$ 331	\$ 189	\$ 142
Kaiser Permanente WA Value	\$ 196	\$ 112	\$ 84
Kaiser Permanente WA SoundChoice	\$ 96	\$ 55	\$ 41
Kaiser Permanente WA CDHP	\$ 46	\$ 26	\$ 20
Uniform Medical Plan Classic	\$ 184	\$ 105	\$ 79
Uniform Medical Plan Plus - PSHVN	\$ 126	\$ 72	\$ 54
Uniform Medical Plan Plus - UW	\$ 126	\$ 72	\$ 54
Uniform Medical Plan CDHP	\$ 44	\$ 25	\$ 19
Uniform Medical Plan Select	\$ 65	\$ 37	\$ 28