



Washington State Health Care Authority
Public Employees Benefits Board

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August 31, 2020

TO: Personnel and Payroll 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 2021 PEBB Program Rates – Composite

Overview

The monthly base rate of \$976 per eligible employee for health care contributions for fiscal year 2021 will remain unchanged until July 1, 2021.

Medical/Dental Insurance

Based on new contracts with the health plans, the revised employee contribution for medical coverage effective January 1, 2021, is attached.

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 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](#) on October 1, 2020.

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.

State Agencies, Four-Year Higher Education Institutions, Community and Technical Colleges,
and Commodity Commissions
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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 annual 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

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 2021. 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 2021.

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

Attachments
c: Kate LaBelle

Washington State Health Care Authority

2021 PEBB Rate Book

Composite Active Rates for STATE and HIGHER ED, and Commodity Commissions (for January through June 2021 only)

Plans	07/01/20 through 06/30/21	Employee Contributions: CY 2021				Total Base Rates With Employee Contributions: January - June 2021			
	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	\$ 976	\$ 159	\$ 328	\$ 278	\$ 447	\$ 1,135	\$ 1,304	\$ 1,254	\$ 1,423
Kaiser Permanente NW CDHP	\$ 976	\$ 25	\$ 60	\$ 44	\$ 79	\$ 1,001	\$ 1,036	\$ 1,020	\$ 1,055
Kaiser Permanente WA Classic	\$ 976	\$ 189	\$ 388	\$ 331	\$ 530	\$ 1,165	\$ 1,364	\$ 1,307	\$ 1,506
Kaiser Permanente WA Value	\$ 976	\$ 112	\$ 234	\$ 196	\$ 318	\$ 1,088	\$ 1,210	\$ 1,172	\$ 1,294
Kaiser Permanente WA SoundChoice	\$ 976	\$ 55	\$ 120	\$ 96	\$ 161	\$ 1,031	\$ 1,096	\$ 1,072	\$ 1,137
Kaiser Permanente WA CDHP	\$ 976	\$ 26	\$ 62	\$ 46	\$ 82	\$ 1,002	\$ 1,038	\$ 1,022	\$ 1,058
Uniform Medical Plan Classic	\$ 976	\$ 105	\$ 220	\$ 184	\$ 299	\$ 1,081	\$ 1,196	\$ 1,160	\$ 1,275
Uniform Medical Plan Plus - PSHVN	\$ 976	\$ 72	\$ 154	\$ 126	\$ 208	\$ 1,048	\$ 1,130	\$ 1,102	\$ 1,184
Uniform Medical Plan Plus - UW	\$ 976	\$ 72	\$ 154	\$ 126	\$ 208	\$ 1,048	\$ 1,130	\$ 1,102	\$ 1,184
Uniform Medical Plan CDHP	\$ 976	\$ 25	\$ 60	\$ 44	\$ 79	\$ 1,001	\$ 1,036	\$ 1,020	\$ 1,055
Uniform Medical Plan Select	\$ 976	\$ 37	\$ 84	\$ 65	\$ 112	\$ 1,013	\$ 1,060	\$ 1,041	\$ 1,088

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

**Washington State Health Care Authority
2021 PEBB Rate Book**

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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2021 PEBB Rate Book

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