



Washington State Health Care Authority  
*Public Employees Benefits Board*

P.O. Box 42684 • Olympia, Washington 98504-2684  
360-725-0440 • TTY 711 • FAX 360-725-0771 • [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)

September 2, 2025

TO: Personnel and Payroll Offices of Other PEBB Employer Groups (Health Benefit Exchange, blind vendors deemed eligible by the Department of Services for the Blind, and employee organizations representing state civil service employees)

FROM: Jamie Coleman, Management Analyst 5  
Outreach & Training Team

SUBJECT: Fiscal Year 2025-26 Program Rates – Composite

**The monthly base rate of \$1,333 per eligible employee for health care contributions for fiscal year 2025-26 will remain unchanged until July 1, 2026.**

**Medical, Dental, and Vision Insurance**

Based on new contracts with the health plans, the revised employee contribution for medical coverage effective January 1, 2026, is included below.

**PEBB Program Open Enrollment**

The Public Employees Benefits Board (PEBB) Program annual open enrollment is **October 27 to November 24, 2025**, ending at **11:59 p.m.** 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](#) in October.

**Premium Surcharges**

In addition to the medical premium, the following monthly surcharges may apply:

**\$25 per account** for tobacco use

**\$50 per month** for covering a spouse or state-registered domestic partner who declines comparable employer coverage.

Employees may need to attest to the spousal/domestic partner surcharge during open enrollment. Notices will be mailed in October, and employees can check their attestation status by logging into Benefits 24/7.

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

**Supplemental Life and AD&D:** Premiums remain unchanged for 2026 (except for changes in age brackets or coverage). See attached rate schedule.

**Supplemental LTD:** Changes in premiums for 2026. See attached rate schedule.

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

An IRS Section 125 Plan allows employees' premium payments to be made pre-tax. However, if an employee enrolls dependents who do **not** qualify as IRS tax dependents, the portion of the employer's contribution toward that coverage is considered taxable income to the employee.

The document includes **Tables 1–8** as examples of how these taxable amounts are calculated for state agency personnel, but these tables are **only templates** and should be adjusted based on your specific employer's contribution rate.

If you have questions about the rates, please contact me at [jamie.coleman@hca.wa.gov](mailto:jamie.coleman@hca.wa.gov).

2026 PEBB Rate Book

Composite Active Rates for Employer Groups (for January through June 2026 only)

Grandfathered, no new entries.

	07/01/25 through 06/30/26	Total Premium: January - June 2026			
Plan	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$1,333.00	\$1,589.00	\$1,845.00	\$1,781.00	\$2,037.00
Kaiser Permanente NW CDHP	\$1,333.00	\$1,391.00	\$1,449.00	\$1,435.00	\$1,493.00
Kaiser Permanente WA Classic	\$1,333.00	\$1,474.00	\$1,615.00	\$1,580.00	\$1,721.00
Kaiser Permanente WA Value	\$1,333.00	\$1,483.00	\$1,633.00	\$1,596.00	\$1,746.00
Kaiser Permanente WA SoundChoice	\$1,333.00	\$1,435.00	\$1,537.00	\$1,512.00	\$1,614.00
Kaiser Permanente WA CDHP	\$1,333.00	\$1,358.00	\$1,383.00	\$1,377.00	\$1,402.00
Uniform Medical Plan Classic	\$1,333.00	\$1,478.00	\$1,623.00	\$1,587.00	\$1,732.00
Uniform Medical Plan CDHP	\$1,333.00	\$1,390.00	\$1,447.00	\$1,433.00	\$1,490.00
Uniform Medical Plan Select	\$1,333.00	\$1,415.00	\$1,497.00	\$1,477.00	\$1,559.00

Surcharges					
Tobacco Use Surcharge		\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver (AV) Surcharge		\$0.00	\$50.00	\$0.00	\$50.00

# Washington State Health Care Authority

## 2026 PEBB Rate Book

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

<b>Employee Basic*</b>	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	\$0.030	\$0.039
25-29	\$0.033	\$0.046
30-34	\$0.036	\$0.060
35-39	\$0.045	\$0.069
40-44	\$0.067	\$0.077
45-49	\$0.097	\$0.117
50-54	\$0.151	\$0.179
55-59	\$0.282	\$0.334
60-64	\$0.432	\$0.508
65-69	\$0.798	\$0.978
70+	\$1.190	\$1.589

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	\$0.030	\$0.039
25-29	\$0.033	\$0.046
30-34	\$0.036	\$0.060
35-39	\$0.045	\$0.069
40-44	\$0.067	\$0.077
45-49	\$0.097	\$0.117
50-54	\$0.151	\$0.179
55-59	\$0.282	\$0.334
60-64	\$0.432	\$0.508
65-69	\$0.798	\$0.978
70+	\$1.190	\$1.589

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.

Washington State Health Care Authority

2026 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 90 days	TIAA/CREF or Higher Education Academic Retirement Plan Employee		TRS, PERS, & other Retirement Plan Employees	
	60% Benefit (default)	50% Benefit (buy-down)	60% Benefit (default)	50% Benefit (buy-down)
	0.005	0.003	0.0039	0.0024

\* Represents premium paid to plan only.

For State Actives, Basic Plan coverage is funded by the state.

CWU and EWU included in higher-ed

# Washington State Health Care Authority

## 2026 PEBB Rate Book

Additional Taxable Income for Non-Tax Qualified Dependents

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

2026 Monthly State Premium Contribution for Medical and Dental for Active Employees

Additional Taxable Income for Non-Tax Qualified Dependent Coverage

		<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
<b>MEDICAL, DENTAL AND VISION PLAN</b>	<b>Partner*</b>		
All Medical Plans	\$880.00	\$673.00	\$1,554.00

**Table 2: Employer Share Dental Only**

Sample chart for dental only enrollment-taxable amount for dependents

		<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
<b>DENTAL PLAN</b>	<b>Partner*</b>		
All Dental Plans	\$52.00	\$52.00	\$104.00

**Table 3: Employer Share Vision Only**

Sample chart for vision only enrollment-taxable amount for dependents

		<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
<b>VISION PLAN</b>	<b>Partner*</b>		
All Vision Plans	\$8.00	\$6.00	\$15.00

**Table 4: 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	\$256.00	\$512.00	\$448.00	\$704.00
Kaiser Permanente NW CDHP	\$58.00	\$116.00	\$102.00	\$160.00
Kaiser Permanente WA Classic	\$141.00	\$282.00	\$247.00	\$388.00
Kaiser Permanente WA Value	\$150.00	\$300.00	\$263.00	\$413.00
Kaiser Permanente WA SoundChoice	\$102.00	\$204.00	\$179.00	\$281.00
Kaiser Permanente WA CDHP	\$25.00	\$50.00	\$44.00	\$69.00
Uniform Medical Plan Classic	\$145.00	\$290.00	\$254.00	\$399.00
Uniform Medical Plan CDHP	\$57.00	\$114.00	\$100.00	\$157.00
Uniform Medical Plan Select	\$82.00	\$164.00	\$144.00	\$226.00

Table 5: Post-Tax Partner Share for "Subscriber and Spouse" Tier

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW Classic	\$512.00	\$256.00	\$256.00
Kaiser Permanente NW CDHP	\$116.00	\$58.00	\$58.00
Kaiser Permanente WA Classic	\$282.00	\$141.00	\$141.00
Kaiser Permanente WA Value	\$300.00	\$150.00	\$150.00
Kaiser Permanente WA SoundChoice	\$204.00	\$102.00	\$102.00
Kaiser Permanente WA CDHP	\$50.00	\$25.00	\$25.00
Uniform Medical Plan Classic	\$290.00	\$145.00	\$145.00
Uniform Medical Plan CDHP	\$114.00	\$57.00	\$57.00
Uniform Medical Plan Select	\$164.00	\$82.00	\$82.00

Table 7: Post-Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family	Subscriber	Partner and Child(ren)
Kaiser Permanente NW Classic	\$704.00	\$256.00	\$448.00
Kaiser Permanente NW CDHP	\$160.00	\$58.00	\$102.00
Kaiser Permanente WA Classic	\$388.00	\$141.00	\$247.00
Kaiser Permanente WA Value	\$413.00	\$150.00	\$263.00
Kaiser Permanente WA SoundChoice	\$281.00	\$102.00	\$179.00
Kaiser Permanente WA CDHP	\$69.00	\$25.00	\$44.00
Uniform Medical Plan Classic	\$399.00	\$145.00	\$254.00
Uniform Medical Plan CDHP	\$157.00	\$57.00	\$100.00
Uniform Medical Plan Select	\$226.00	\$82.00	\$144.00

Table 6: Post-Tax Partner Share for "Full Family" Tier

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW Classic	\$704.00	\$448.00	\$256.00
Kaiser Permanente NW CDHP	\$160.00	\$102.00	\$58.00
Kaiser Permanente WA Classic	\$388.00	\$247.00	\$141.00
Kaiser Permanente WA Value	\$413.00	\$263.00	\$150.00
Kaiser Permanente WA SoundChoice	\$281.00	\$179.00	\$102.00
Kaiser Permanente WA CDHP	\$69.00	\$44.00	\$25.00
Uniform Medical Plan Classic	\$399.00	\$254.00	\$145.00
Uniform Medical Plan CDHP	\$157.00	\$100.00	\$57.00
Uniform Medical Plan Select	\$226.00	\$144.00	\$82.00

Table 8: 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	\$448.00	\$256.00	\$192.00
Kaiser Permanente NW CDHP	\$102.00	\$58.00	\$44.00
Kaiser Permanente WA Classic	\$247.00	\$141.00	\$106.00
Kaiser Permanente WA Value	\$263.00	\$150.00	\$113.00
Kaiser Permanente WA SoundChoice	\$179.00	\$102.00	\$77.00
Kaiser Permanente WA CDHP	\$44.00	\$25.00	\$19.00
Uniform Medical Plan Classic	\$254.00	\$145.00	\$109.00
Uniform Medical Plan CDHP	\$100.00	\$57.00	\$43.00
Uniform Medical Plan Select	\$144.00	\$82.00	\$62.00