



Washington State Health Care Authority
Public Employees Benefits Board

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September 2, 2025

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

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.

Employer Group Rate Surcharge

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).

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.

2026 PEBB Rate Book

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

Grandfathered, no new entries.

Plans

Kaiser Permanente NW Classic
Kaiser Permanente NW CDHP
Kaiser Permanente WA Classic
Kaiser Permanente WA Value
Kaiser Permanente WA SoundChoice
Kaiser Permanente WA CDHP
Uniform Medical Plan Classic
Uniform Medical Plan CDHP
Uniform Medical Plan Select

Total Premium: January - June 2026			
Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
\$1,601.00	\$1,869.00	\$1,802.00	\$2,070.00
\$1,403.00	\$1,473.00	\$1,456.00	\$1,526.00
\$1,486.00	\$1,639.00	\$1,601.00	\$1,754.00
\$1,495.00	\$1,657.00	\$1,617.00	\$1,779.00
\$1,447.00	\$1,561.00	\$1,533.00	\$1,647.00
\$1,370.00	\$1,407.00	\$1,398.00	\$1,435.00
\$1,490.00	\$1,647.00	\$1,608.00	\$1,765.00
\$1,402.00	\$1,471.00	\$1,454.00	\$1,523.00
\$1,427.00	\$1,521.00	\$1,498.00	\$1,592.00

Surcharges

Tobacco Use Surcharge
Spouse Waiver (AV) Surcharge

\$25.00	\$25.00	\$25.00	\$25.00
\$0.00	\$50.00	\$0.00	\$50.00

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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	\$0.030	\$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.

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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

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

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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

	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
MEDICAL, DENTAL AND VISION PLAN			
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

	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
DENTAL PLAN			
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

	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
VISION PLAN			
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