

Washington State Health Care Authority

2026 PEBB Rate Book

K-12 and Employer Groups (Political Subdivisions and Tribal Governments) Active Tiered Rates for Full Benefits Package & Medical Only Package Premium Rate Elements

	Full Benefits Package					Medical Only			
Plans	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family		Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$1,255.52	\$2,331.40	\$2,062.43	\$3,138.31		\$1,146.14	\$2,222.02	\$1,953.05	\$3,028.93
Kaiser Permanente NW CDHP	\$1,063.05	\$1,945.20	\$1,739.25	\$2,563.07		\$953.67	\$1,835.82	\$1,629.87	\$2,453.69
Kaiser Permanente WA Classic	\$1,140.64	\$2,101.64	\$1,861.39	\$2,822.39		\$1,031.26	\$1,992.26	\$1,752.01	\$2,713.01
Kaiser Permanente WA Value	\$1,149.56	\$2,119.48	\$1,877.00	\$2,846.92		\$1,040.18	\$2,010.10	\$1,767.62	\$2,737.54
Kaiser Permanente WA SoundChoice	\$1,101.80	\$2,023.96	\$1,793.42	\$2,715.58		\$992.42	\$1,914.58	\$1,684.04	\$2,606.20
Kaiser Permanente WA CDHP	\$1,029.73	\$1,878.56	\$1,680.94	\$2,471.44		\$920.35	\$1,769.18	\$1,571.56	\$2,362.06
Uniform Medical Plan Classic	\$1,144.32	\$2,109.00	\$1,867.83	\$2,832.51		\$1,034.94	\$1,999.62	\$1,758.45	\$2,723.13
Uniform Medical Plan CDHP	\$1,061.72	\$1,942.54	\$1,736.92	\$2,559.41		\$952.34	\$1,833.16	\$1,627.54	\$2,450.03
Uniform Medical Plan Select	\$1,081.39	\$1,983.14	\$1,757.70	\$2,659.45		\$972.01	\$1,873.76	\$1,648.32	\$2,550.07

Medical Premium Rate Element									
Kaiser Permanente NW Classic	\$1,075.88	\$2,151.76	\$1,882.79	\$2,958.67		\$1,075.88	\$2,151.76	\$1,882.79	\$2,958.67
Kaiser Permanente NW CDHP	\$883.41	\$1,765.56	\$1,559.61	\$2,383.43		\$883.41	\$1,765.56	\$1,559.61	\$2,383.43
Kaiser Permanente WA Classic	\$961.00	\$1,922.00	\$1,681.75	\$2,642.75		\$961.00	\$1,922.00	\$1,681.75	\$2,642.75
Kaiser Permanente WA Value	\$969.92	\$1,939.84	\$1,697.36	\$2,667.28		\$969.92	\$1,939.84	\$1,697.36	\$2,667.28
Kaiser Permanente WA SoundChoice	\$922.16	\$1,844.32	\$1,613.78	\$2,535.94		\$922.16	\$1,844.32	\$1,613.78	\$2,535.94
Kaiser Permanente WA CDHP	\$850.09	\$1,698.92	\$1,501.30	\$2,291.80		\$850.09	\$1,698.92	\$1,501.30	\$2,291.80
Uniform Medical Plan Classic	\$964.68	\$1,929.36	\$1,688.19	\$2,652.87		\$964.68	\$1,929.36	\$1,688.19	\$2,652.87
Uniform Medical Plan CDHP	\$882.08	\$1,762.90	\$1,557.28	\$2,379.77		\$882.08	\$1,762.90	\$1,557.28	\$2,379.77
Uniform Medical Plan Select	\$901.75	\$1,803.50	\$1,578.06	\$2,479.81		\$901.75	\$1,803.50	\$1,578.06	\$2,479.81

Premium Rate elements other than medical									
Tiered and Self-Pay Admin	\$5.75	\$5.75	\$5.75	\$5.75		\$5.75	\$5.75	\$5.75	\$5.75
Life	\$3.96	\$3.96	\$3.96	\$3.96					
LTD	\$2.10	\$2.10	\$2.10	\$2.10					
Dental	\$89.64	\$89.64	\$89.64	\$89.64					
Vision	\$13.68	\$13.68	\$13.68	\$13.68					
Retiree Subsidy Charged	\$64.51	\$64.51	\$64.51	\$64.51		\$64.51	\$64.51	\$64.51	\$64.51
Total with Medical Waived	\$179.64	\$179.64	\$179.64	\$179.64		\$70.26	\$70.26	\$70.26	\$70.26
Total with Medical, Dental and Vision Waived	\$76.32	\$76.32	\$76.32	\$76.32		\$76.32	\$76.32	\$76.32	\$76.32

Surcharges									
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

These rates do not include the employer group rate surcharge authorized by RCW 41.05.050(2) (as amended by SB6475 (2016)), which for 2026 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.