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 and Training Team

SUBJECT: Calendar Year 2026 Rates – Tiered – Medical Only

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.

Medical Waived

Beginning **January 1, 2026**, any employee eligible for PEBB benefits who chooses to waive enrollment in medical coverage will be subject to a **Waived Surcharge Rate**. This is reflected on the rate table below.

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 below.

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.

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2026 PEBB Rate Book

Employer Groups (Political Subdivisions & Tribal Governments) Active Tiered Rates for Medical Only Package with Surcharge Tables

Plans	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	$1,158.14	$2,246.02	$1,974.05	$3,061.93
Kaiser Permanente NW CDHP	$965.67	$1,859.82	$1,650.87	$2,486.69
Kaiser Permanente WA Classic	$1,043.26	$2,016.26	$1,773.01	$2,746.01
Kaiser Permanente WA Value	$1,052.18	$2,034.10	$1,788.62	$2,770.54
Kaiser Permanente WA SoundChoice	$1,004.42	$1,938.58	$1,705.04	$2,639.20
Kaiser Permanente WA CDHP	$932.35	$1,793.18	$1,592.56	$2,395.06
Uniform Medical Plan Classic	$1,046.94	$2,023.62	$1,779.45	$2,756.13
Uniform Medical Plan CDHP	$964.34	$1,857.16	$1,648.54	$2,483.03
Uniform Medical Plan Select	$984.01	$1,897.76	$1,669.32	$2,583.07
Medical Waived	$70.26	$70.26	$70.26	$70.26
Surcharges				
Tobacco Use Surcharge	$25.00	$25.00	$25.00	$25.00
Spouse Waiver (AV) Surcharge	$0.00	$50.00	$0.00	$50.00

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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

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

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

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