



Washington State Health Care Authority  
*School Employees Benefits Board*  
P.O. Box 42720 • Olympia, Washington 98504-2720  
[www.hca.wa.gov/sebb](http://www.hca.wa.gov/sebb)

September 2, 2025

To: Payroll and Benefits Offices of K-12 School Districts, Charter Schools, and Educational Service Districts  
From: Jamie Coleman, Management Analyst 5  
Outreach and Training  
Subject: SEBB Program Rates for employees with locally negotiated eligibility – Effective January 1, 2026

**This information is for SEBB Organizations involved in local negotiations on employee eligibility per WAC 182-30-130.**

**Medical, vision, and dental insurance**

To participate in locally negotiated eligibility, SEBB organizations must offer only medical (with wellness incentive), dental, vision, basic life, and basic AD&D coverage. Benefits such as LTD, FSAs, DCAP, and supplemental life are not permitted. Eligible employees must be expected to work 180–629 hours during the school year. Medical premium rates effective January 1, 2026, are attached. Dental and vision are employer-paid, with no employee premiums. If medical is waived, the district must still pay for dental, vision, basic life, AD&D, retiree subsidy, and the admin fee.

**SEBB Program annual open enrollment**

The School Employees Benefits Board (SEBB) Program's annual open enrollment is **October 27 to November 24, 2025**, ending at **11:59 p.m.** In October, the SEBB 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 SEBB Program will send to employees about the SEBB annual open enrollment. Information will also be available on the [SEBB 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.

**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.

**Tables 1 and 2** provide monthly amounts for additional taxable income for non-qualified tax dependents for 2026. **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 SEBB Program annual open enrollment, or when a special open enrollment occurs, use Tables 3-7 to determine the amount of the employee contribution to withhold on a post-tax basis for 2026.

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

**Washington State Health Care Authority**

**2026 SEBB Rate Book**

K-12 Active Tiered Rates for 6E Employee Benefits Package with Surcharge Tables

	Employer Medical Contribution (EMC) - 01/01/26 through 12/31/26				Employee Contributions: CY 2026				Total Base Rates With Employee Contributions: January - December 2026			
Plan	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$83.00	\$166.00	\$145.00	\$249.00	\$849.00	\$1,698.00	\$1,485.50	\$2,547.00
Kaiser Permanente NW 2	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$119.00	\$238.00	\$208.00	\$357.00	\$885.00	\$1,770.00	\$1,548.50	\$2,655.00
Kaiser Permanente NW 3	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$294.00	\$588.00	\$515.00	\$882.00	\$1,060.00	\$2,120.00	\$1,855.50	\$3,180.00
Kaiser Permanente WA Core 1	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$24.00	\$48.00	\$42.00	\$72.00	\$790.00	\$1,580.00	\$1,382.50	\$2,370.00
Kaiser Permanente WA Core 2	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$66.00	\$132.00	\$116.00	\$198.00	\$832.00	\$1,664.00	\$1,456.50	\$2,496.00
Kaiser Permanente WA Core 3	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$246.00	\$492.00	\$431.00	\$738.00	\$1,012.00	\$2,024.00	\$1,771.50	\$3,036.00
Kaiser Permanente WA SoundChoice	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$130.00	\$260.00	\$228.00	\$390.00	\$896.00	\$1,792.00	\$1,568.50	\$2,688.00
Kaiser Permanente WA Summit 1	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$45.00	\$90.00	\$79.00	\$135.00	\$811.00	\$1,622.00	\$1,419.50	\$2,433.00
Kaiser Permanente WA Summit 2	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$134.00	\$268.00	\$235.00	\$402.00	\$900.00	\$1,800.00	\$1,575.50	\$2,700.00
Kaiser Permanente WA Summit 3	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$287.00	\$574.00	\$502.00	\$861.00	\$1,053.00	\$2,106.00	\$1,842.50	\$3,159.00
Premiera Blue Cross High PPO	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$157.00	\$314.00	\$275.00	\$471.00	\$923.00	\$1,846.00	\$1,615.50	\$2,769.00
Premiera Blue Cross Standard PPO	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$108.00	\$216.00	\$189.00	\$324.00	\$874.00	\$1,748.00	\$1,529.50	\$2,622.00
Premiera Blue Cross HMO	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$21.00	\$42.00	\$37.00	\$63.00	\$787.00	\$1,574.00	\$1,377.50	\$2,361.00
Uniform Medical Plan Achieve 1	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$47.00	\$94.00	\$82.00	\$141.00	\$813.00	\$1,626.00	\$1,422.50	\$2,439.00
Uniform Medical Plan Achieve 2	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$135.00	\$270.00	\$236.00	\$405.00	\$901.00	\$1,802.00	\$1,576.50	\$2,703.00
Uniform Medical Plan HDHP	\$766.00	\$1,532.00	\$1,340.50	\$2,298.00	\$35.00	\$70.00	\$61.00	\$105.00	\$801.00	\$1,602.00	\$1,401.50	\$2,403.00
Medical Waived	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Surcharges							
Tobacco Use Surcharge		\$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

**Notes:**

- 100% of the monthly premium, by tier, for the medical plan selected by the 6E employee
- Calculation of Employer-share: EMC used for a RCW 41.05.740(6)(d) school employee multiplied by the applicable tier
- Calculation of the Employee-share: difference between the total monthly premium (i.e., "Total Base Rate"), for the applicable plan, and the EMC, by tier
- A 6E employee can only waive medical (they cannot waive dental or vision)

Employer Contribution for Dental				
Dental Plans	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
DeltaCare	\$48.61	\$97.22	\$97.22	\$145.83
Willamette	\$60.72	\$121.44	\$121.44	\$182.16
Uniform Dental Plan	\$54.60	\$109.20	\$109.20	\$163.80

Employer Contribution for Vision				
Vision Plans	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Davis Vision	\$4.97	\$9.94	\$8.70	\$14.91
MetLife	\$7.78	\$15.56	\$13.62	\$23.34
EyeMed	\$6.60	\$13.20	\$11.55	\$19.80

**SEBB Life and AD&D Rates paid to plan and charged to subscribers**

Employee Basic*	Monthly Cost:	\$3.960
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**Additional employer contribution**

Retiree Subsidy Charged	\$67.61
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HCA Administrative Fee	\$9.25
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**Washington State Health Care Authority**

**2026 SEBB Rate Book**

Additional Taxable Income for Non-Tax Qualified Dependents

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

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

Additional Taxable Income for Non-Tax Qualified Dependent Coverage

<b>MEDICAL, DENTAL, AND VISION PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
All Medical Plans	\$829.00	\$636.00	\$1,658.00

**Table 2: Employer Share Dental and Vision  
Only**

Sample chart for dental and vision only enrollment-taxable amount for dependents

<b>DENTAL AND VISION PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
All Dental Plans	\$55.00	\$55.00	\$110.00
All Vision Plans	\$8.00	\$6.00	\$16.00

\*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

\*\*Retiree subsidy is limited to 50% of the total premium paid to the health plan by state law

**Notes:**

- The default dental plan (UDP) is used for the purpose of this calculation
- The default vision plan (MetLife) is used for the purpose of this calculation

## Washington State Health Care Authority

### 2026 SEBB Rate Book

#### K12 Active Employee Monthly Contributions (Deductions) for Non-Tax Qualified Dependents

Table 3: Total Monthly Employee Contribution Owed for All Coverage (Pre-tax and post-tax combined)

Plan Name	Subscriber	Subscriber & Spouse <sup>1</sup>	Subscriber & Child(ren)	Subscriber, Spouse <sup>1</sup> , & Child(ren)
Kaiser Permanente NW 1	\$83	\$166	\$145	\$249
Kaiser Permanente NW 2	\$119	\$238	\$208	\$357
Kaiser Permanente NW 3	\$294	\$588	\$515	\$882
Kaiser Permanente WA Core 1	\$24	\$48	\$42	\$72
Kaiser Permanente WA Core 2	\$66	\$132	\$116	\$198
Kaiser Permanente WA Core 3	\$246	\$492	\$431	\$738
Kaiser Permanente WA SoundChoice	\$130	\$260	\$228	\$390
Kaiser Permanente WA Summit 1	\$45	\$90	\$79	\$135
Kaiser Permanente WA Summit 2	\$134	\$268	\$235	\$402
Kaiser Permanente WA Summit 3	\$287	\$574	\$502	\$861
Premiera Blue Cross High PPO	\$157	\$314	\$275	\$471
Premiera Blue Cross Standard PPO	\$108	\$216	\$189	\$324
Premiera Blue Cross HMO	\$21	\$42	\$37	\$63
Uniform Medical Plan Achieve 1	\$47	\$94	\$82	\$141
Uniform Medical Plan Achieve 2	\$135	\$270	\$236	\$405
Uniform Medical Plan HDHP	\$35	\$70	\$61	\$105

Table 4: Post-Tax Partner Share for "Subscriber and Spouse" Tier

Plan Name	Subscriber & Partner <sup>1</sup>	Subscriber	Partner <sup>1</sup>
Kaiser Permanente NW 1	\$166	\$83	\$83
Kaiser Permanente NW 2	\$238	\$119	\$119
Kaiser Permanente NW 3	\$588	\$294	\$294
Kaiser Permanente WA Core 1	\$48	\$24	\$24
Kaiser Permanente WA Core 2	\$132	\$66	\$66
Kaiser Permanente WA Core 3	\$492	\$246	\$246
Kaiser Permanente WA SoundChoice	\$260	\$130	\$130
Kaiser Permanente WA Summit 1	\$90	\$45	\$45
Kaiser Permanente WA Summit 2	\$268	\$134	\$134
Kaiser Permanente WA Summit 3	\$574	\$287	\$287
Premiera Blue Cross High PPO	\$314	\$157	\$157
Premiera Blue Cross Standard PPO	\$216	\$108	\$108
Premiera Blue Cross HMO	\$42	\$21	\$21
Uniform Medical Plan Achieve 1	\$94	\$47	\$47
Uniform Medical Plan Achieve 2	\$270	\$135	\$135
Uniform Medical Plan HDHP	\$70	\$35	\$35

Table 5: Post-tax Partner Share for "Full Family" Tier

Plan Name	Subscriber, Partner <sup>1</sup> , & Child(ren)	Subscriber & Child(ren)	Partner <sup>1</sup>
Kaiser Permanente NW 1	\$249	\$145	\$104
Kaiser Permanente NW 2	\$357	\$208	\$149
Kaiser Permanente NW 3	\$882	\$515	\$367
Kaiser Permanente WA Core 1	\$72	\$42	\$30
Kaiser Permanente WA Core 2	\$198	\$116	\$82
Kaiser Permanente WA Core 3	\$738	\$431	\$307
Kaiser Permanente WA SoundChoice	\$390	\$228	\$162
Kaiser Permanente WA Summit 1	\$135	\$79	\$56
Kaiser Permanente WA Summit 2	\$402	\$235	\$167
Kaiser Permanente WA Summit 3	\$861	\$502	\$359
Premiera Blue Cross High PPO	\$471	\$275	\$196
Premiera Blue Cross Standard PPO	\$324	\$189	\$135
Premiera Blue Cross HMO	\$63	\$37	\$26
Uniform Medical Plan Achieve 1	\$141	\$82	\$59
Uniform Medical Plan Achieve 2	\$405	\$236	\$169
Uniform Medical Plan HDHP	\$105	\$61	\$44

Table 6: Post-tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Subscriber, Partner <sup>1</sup> , & Child(ren)	Subscriber	Partner <sup>1</sup> & Children
Kaiser Permanente NW 1	\$249	\$83	\$166
Kaiser Permanente NW 2	\$357	\$119	\$238
Kaiser Permanente NW 3	\$882	\$294	\$588
Kaiser Permanente WA Core 1	\$72	\$24	\$48
Kaiser Permanente WA Core 2	\$198	\$66	\$132
Kaiser Permanente WA Core 3	\$738	\$246	\$492
Kaiser Permanente WA SoundChoice	\$390	\$130	\$260
Kaiser Permanente WA Summit 1	\$135	\$45	\$90
Kaiser Permanente WA Summit 2	\$402	\$134	\$268
Kaiser Permanente WA Summit 3	\$861	\$287	\$574
Premiera Blue Cross High PPO	\$471	\$157	\$314
Premiera Blue Cross Standard PPO	\$324	\$108	\$216
Premiera Blue Cross HMO	\$63	\$21	\$42
Uniform Medical Plan Achieve 1	\$141	\$47	\$94
Uniform Medical Plan Achieve 2	\$405	\$135	\$270
Uniform Medical Plan HDHP	\$105	\$35	\$70

Table 7: Post-Tax Partner's Child(ren) Share for "Subscriber and Child(ren)" Tier

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's <sup>1</sup> Children
Kaiser Permanente NW 1	\$145	\$83	\$62
Kaiser Permanente NW 2	\$208	\$119	\$89
Kaiser Permanente NW 3	\$515	\$294	\$221
Kaiser Permanente WA Core 1	\$42	\$24	\$18
Kaiser Permanente WA Core 2	\$116	\$66	\$50
Kaiser Permanente WA Core 3	\$431	\$246	\$185
Kaiser Permanente WA SoundChoice	\$228	\$130	\$98
Kaiser Permanente WA Summit 1	\$79	\$45	\$34
Kaiser Permanente WA Summit 2	\$235	\$134	\$101
Kaiser Permanente WA Summit 3	\$502	\$287	\$215
Premiera Blue Cross High PPO	\$275	\$157	\$118
Premiera Blue Cross Standard PPO	\$189	\$108	\$81
Premiera Blue Cross HMO	\$37	\$21	\$16
Uniform Medical Plan Achieve 1	\$82	\$47	\$35
Uniform Medical Plan Achieve 2	\$236	\$135	\$101
Uniform Medical Plan HDHP	\$61	\$35	\$26