Washington State Health Care Authority
School Employees Benefits Board
P.O. Box 42720 • Olympia, Washington 98504-2720
www.hca.wa.gov/sebb

September 2, 2025

To: Payroll and Benefits Offices of Tribal Schools and employee organizations representing school employees

From: Jamie Coleman, Management Analyst 5
Outreach and Training

Subject: SEBB Program Rates – Tiered – Full Benefits Package

Medical, vision, and dental insurance

Based on contracts with the health plans, the rates for medical, dental, and vision coverage effective January 1, 2026, are included below. As the employer, you determine how much of the total premium your employees are required to pay.

Employer Groups Rate Surcharge

Per Senate Bill 5275, participating tribal schools and employee organizations are required to pay an employer group rate surcharge, which is added to the monthly premium rates.

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.

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 included rate schedule.

Supplemental LTD: Changes in premiums for 2026. See included 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 1–7** 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.

Washington State Health Care Authority

2026 SEBB Rate Book

Employee organizations groups representing school employees and Tribal School Employees, Tiered rates; full package (medical, dental, vision, life, LTD, admin, retiree charge, and employer group surcharge)

Plan	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	$1,040.54	$1,889.92	$1,677.58	$2,739.30
Kaiser Permanente NW 2	$1,076.14	$1,961.12	$1,739.88	$2,846.10
Kaiser Permanente NW 3	$1,251.02	$2,310.88	$2,045.92	$3,370.74
Kaiser Permanente WA Core 1	$980.66	$1,770.16	$1,572.79	$2,559.66
Kaiser Permanente WA Core 2	$1,022.69	$1,854.22	$1,646.34	$2,685.75
Kaiser Permanente WA Core 3	$1,203.42	$2,215.68	$1,962.62	$3,227.94
Kaiser Permanente WA SoundChoice	$1,086.74	$1,982.32	$1,758.43	$2,877.90
Kaiser Permanente WA Summit 1	$1,002.53	$1,813.90	$1,611.06	$2,625.27
Kaiser Permanente WA Summit 2	$1,090.95	$1,990.74	$1,765.79	$2,890.53
Kaiser Permanente WA Summit 3	$1,244.01	$2,296.86	$2,033.65	$3,349.71
Premera Blue Cross High PPO	$1,114.63	$2,038.10	$1,807.23	$2,961.57
Premera Blue Cross Standard PPO	$1,065.02	$1,938.88	$1,720.42	$2,812.74
Premera Blue Cross HMO	$978.11	$1,765.06	$1,568.32	$2,552.01
Uniform Medical Plan Achieve 1	$1,003.84	$1,816.52	$1,613.35	$2,629.20
Uniform Medical Plan Achieve 2	$1,091.72	$1,992.28	$1,767.14	$2,892.84
Uniform Medical Plan HDHP	$996.95	$1,802.33	$1,608.80	$2,576.46

Medical Waived	$191.16	$191.16	$191.16	$191.16
Medical, Dental & Vision Waived	$82.92	$82.92	$82.92	$82.92

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 SEBB Rate Book

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

Employee Basic*	Monthly Cost:	$3.960

Employee Supplemental		
Monthly Cost for Each $1,000 of Coverage (Available in $10,000 increments)		
Age	Non-Smoker	Smoker
<25	$0.038	$0.050
25-29	$0.042	$0.060
30-34	$0.046	$0.080
35-39	$0.058	$0.090
40-44	$0.088	$0.100
45-49	$0.128	$0.150
50-54	$0.188	$0.230
55-59	$0.346	$0.400
60-64	$0.534	$0.630
65-69	$0.962	$1.220
70+	$1.438	$1.988

Spouse/State 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	$0.038	$0.050
25-29	$0.042	$0.060
30-34	$0.046	$0.080
35-39	$0.058	$0.090
40-44	$0.088	$0.100
45-49	$0.128	$0.150
50-54	$0.188	$0.230
55-59	$0.346	$0.400
60-64	$0.534	$0.630
65-69	$0.962	$1.220
70+	$1.438	$1.988

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 K12 Actives and 6E, Plan A Basic coverage is paid by the employer.

Washington State Health Care Authority

2026 SEBB Rate Book

SEBB Long Term Disability Plan - Rates Paid to Plan and Charged to Subscribers

Basic Plan for Actives	Monthly Cost*:
	$2.10

Rate		
Age	60% Benefit (default)	50% Benefit (buy-down)
< 30	0.0009	0.0005
30-34	0.0012	0.0007
35-39	0.0018	0.0011
40-44	0.0025	0.0015
45-49	0.0034	0.002
50-54	0.0047	0.0028
55-59	0.0056	0.0034
60-64	0.0059	0.0035
65+	0.006	0.0036

* Represents premium paid to plan only.

Notes:

- For K12 Actives, Basic Plan coverage is paid by the employer
- Based on age as of January 1st each year

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

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

DENTAL AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
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 [1]	Subscriber & Child(ren)	Subscriber, Spouse[1], & 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
Premera Blue Cross High PPO	$157	$314	$275	$471
Premera Blue Cross Standard PPO	$108	$216	$189	$324
Premera 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 [1]	Subscriber	Partner [1]
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
Premera Blue Cross High PPO	$314	$157	$157
Premera Blue Cross Standard PPO	$216	$108	$108
Premera 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[1], & Child(ren)	Subscriber & Child(ren)	Partner [1]
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
Premera Blue Cross High PPO	$471	$275	$196
Premera Blue Cross Standard PPO	$324	$189	$135
Premera 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[1], & Child(ren)	Subscriber	Partner[1] & 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
Premera Blue Cross High PPO	$471	$157	$314
Premera Blue Cross Standard PPO	$324	$108	$216
Premera 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 [1] 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
Premera Blue Cross High PPO	$275	$157	$118
Premera Blue Cross Standard PPO	$189	$108	$81
Premera 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