Washington State Health Care Authority
School Employees Benefits Board
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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 – 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 attached.

Employer Groups Rate Surcharge

Senate Bill 5275 requires participating tribal schools and employee organizations representing school employees incur an employer group rate surcharge. The employer group rate surcharge is applied to the monthly rate.

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.

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2026 SEBB Rate Book

Medical only: Employee organizations groups representing school employees and Tribal School Employees, Tiered rates; full package (medical, admin, retiree charge, and employer group surcharge)

Plan	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	$926.24	$1,775.62	$1,563.28	$2,625.00
Kaiser Permanente NW 2	$961.84	$1,846.82	$1,625.58	$2,731.80
Kaiser Permanente NW 3	$1,136.72	$2,196.58	$1,931.62	$3,256.44
Kaiser Permanente WA Core 1	$866.36	$1,655.86	$1,458.49	$2,445.36
Kaiser Permanente WA Core 2	$908.39	$1,739.92	$1,532.04	$2,571.45
Kaiser Permanente WA Core 3	$1,089.12	$2,101.38	$1,848.32	$3,113.64
Kaiser Permanente WA SoundChoice	$972.44	$1,868.02	$1,644.13	$2,763.60
Kaiser Permanente WA Summit 1	$888.23	$1,699.60	$1,496.76	$2,510.97
Kaiser Permanente WA Summit 2	$976.65	$1,876.44	$1,651.49	$2,776.23
Kaiser Permanente WA Summit 3	$1,129.71	$2,182.56	$1,919.35	$3,235.41
Premera Blue Cross High PPO	$1,000.33	$1,923.80	$1,692.93	$2,847.27
Premera Blue Cross Standard PPO	$950.72	$1,824.58	$1,606.12	$2,698.44
Premera Blue Cross HMO	$863.81	$1,650.76	$1,454.02	$2,437.71
Uniform Medical Plan Achieve 1	$889.54	$1,702.22	$1,499.05	$2,514.90
Uniform Medical Plan Achieve 2	$977.42	$1,877.98	$1,652.84	$2,778.54
Uniform Medical Plan HDHP	$882.65	$1,688.03	$1,494.50	$2,462.16
Medical 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

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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

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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