



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 K-12 School Districts, Charter Schools, and Educational Service Districts

From: Jamie Coleman, Management Analyst 5
Outreach and Training

Subject: SEBB Program Rates – Effective January 1, 2026

The monthly base rate (employer contribution) of \$1307 per eligible employee for health care contributions will remain unchanged until August 31, 2026. This is the amount due to the Health Care Authority (HCA) even if an employee chooses to waive medical coverage. Employees may only waive SEBB medical, dental, and vision coverage if enrolled in PEBB medical and dental as a subscriber or a dependent.

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.

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 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.

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.

Washington State Health Care Authority
2026 SEBB Rate Book

Invoicing Rates for K12 Active with Surcharges (for January through August 2026)

	January 2026 through August 2026	Employee Contributions: CY 2026				Total Base Rates With Employee Contributions: January through August 2026			
Plan	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$1,307.00	\$83.00	\$166.00	\$145.00	\$249.00	\$1,390.00	\$1,473.00	\$1,452.00	\$1,556.00
Kaiser Permanente NW 2	\$1,307.00	\$119.00	\$238.00	\$208.00	\$357.00	\$1,426.00	\$1,545.00	\$1,515.00	\$1,664.00
Kaiser Permanente NW 3	\$1,307.00	\$294.00	\$588.00	\$515.00	\$882.00	\$1,601.00	\$1,895.00	\$1,822.00	\$2,189.00
Kaiser Permanente WA Core 1	\$1,307.00	\$24.00	\$48.00	\$42.00	\$72.00	\$1,331.00	\$1,355.00	\$1,349.00	\$1,379.00
Kaiser Permanente WA Core 2	\$1,307.00	\$66.00	\$132.00	\$116.00	\$198.00	\$1,373.00	\$1,439.00	\$1,423.00	\$1,505.00
Kaiser Permanente WA Core 3	\$1,307.00	\$246.00	\$492.00	\$431.00	\$738.00	\$1,553.00	\$1,799.00	\$1,738.00	\$2,045.00
Kaiser Permanente WA SoundChoice	\$1,307.00	\$130.00	\$260.00	\$228.00	\$390.00	\$1,437.00	\$1,567.00	\$1,535.00	\$1,697.00
Kaiser Permanente WA Summit 1	\$1,307.00	\$45.00	\$90.00	\$79.00	\$135.00	\$1,352.00	\$1,397.00	\$1,386.00	\$1,442.00
Kaiser Permanente WA Summit 2	\$1,307.00	\$134.00	\$268.00	\$235.00	\$402.00	\$1,441.00	\$1,575.00	\$1,542.00	\$1,709.00
Kaiser Permanente WA Summit 3	\$1,307.00	\$287.00	\$574.00	\$502.00	\$861.00	\$1,594.00	\$1,881.00	\$1,809.00	\$2,168.00
Premera Blue Cross High PPO	\$1,307.00	\$157.00	\$314.00	\$275.00	\$471.00	\$1,464.00	\$1,621.00	\$1,582.00	\$1,778.00
Premera Blue Cross Standard PPO	\$1,307.00	\$108.00	\$216.00	\$189.00	\$324.00	\$1,415.00	\$1,523.00	\$1,496.00	\$1,631.00
Premera Blue Cross HMO	\$1,307.00	\$21.00	\$42.00	\$37.00	\$63.00	\$1,328.00	\$1,349.00	\$1,344.00	\$1,370.00
Uniform Medical Plan Achieve 1	\$1,307.00	\$47.00	\$94.00	\$82.00	\$141.00	\$1,354.00	\$1,401.00	\$1,389.00	\$1,448.00
Uniform Medical Plan Achieve 2	\$1,307.00	\$135.00	\$270.00	\$236.00	\$405.00	\$1,442.00	\$1,577.00	\$1,543.00	\$1,712.00
Uniform Medical Plan HDHP	\$1,307.00	\$35.00	\$70.00	\$61.00	\$105.00	\$1,342.00	\$1,377.00	\$1,368.00	\$1,412.00

Surcharges									
Tobacco Use Surcharge		\$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	\$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
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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

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/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

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****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 & Spouse¹	Subscriber & Child(ren)	Subscriber, Spouse¹, & 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
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 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
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 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
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 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
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