



Washington State Health Care Authority  
*Public Employees Benefits Board*  
P.O. Box 42684 • Olympia, Washington 98504-2684  
[www.hca.wa.gov/public-employee-benefits](http://www.hca.wa.gov/public-employee-benefits)

June 1, 2021

TO: Personnel and Payroll of Educational Service Districts (ESDs) participating in PEBB benefits

FROM: Amy Corrigan  
PEBB Outreach & Training

SUBJECT: Fiscal Year (FY) 2021-22 PEBB Program Rates—Composite

**Beginning July 1, 2021 (FY 2021-22), the monthly employer base rate will be \$936 per employee per month.** These rates were established in ESSB 5092 67<sup>th</sup> Legislature, 2021 Regular Session and cover benefits administered by the Health Care Authority (HCA) through the Public Employees Benefits Board (PEBB) Program.

This change does not impact employee contributions or PEBB Continuation Coverage (COBRA and unpaid leave) rates, which will remain the same until January 1, 2022. You will receive notification of the 2022 rates in the fall, prior to the PEBB Program open enrollment.

In addition to the employee medical plan premium, employees may be subject to a monthly \$25-per-account tobacco use and/or \$50 spouse or state-registered domestic partner coverage premium surcharge.

As a reminder, you must pay the full employer base-funding rate for every eligible employee as outlined in Title 182 WAC, including for those who waive medical coverage. Employee contributions will automatically be added to your billed rate. You are responsible for collecting the employee contributions and any applicable premium surcharges and sending the total billed amount to the HCA.

If you have questions, please contact me at 360-725-0826 or [amy.corrigan@hca.wa.gov](mailto:amy.corrigan@hca.wa.gov).

cc: Kate LaBelle, ERB Fiscal Information and Data Analyst

Washington State Health Care Authority  
 2021 PEBB Rate Book  
 Composite Active Rates for ESDs  
 July 1, 2021 through December 31, 2021

Plan	07/01/21 through 6/30/22	01/01/21 through 12/31/21				07/01/21 through 12/31/21			
	Base Rate	State Employee Contributions				Total Premium			
		Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$936.00	\$159.00	\$328.00	\$278.00	\$447.00	\$1,095.00	\$1,264.00	\$1,214.00	\$1,383.00
Kaiser Permanente NW CDHP	\$936.00	\$25.00	\$60.00	\$44.00	\$79.00	\$961.00	\$996.00	\$980.00	\$1,015.00
Kaiser Permanente WA Classic	\$936.00	\$189.00	\$388.00	\$331.00	\$530.00	\$1,125.00	\$1,324.00	\$1,267.00	\$1,466.00
Kaiser Permanente WA Value	\$936.00	\$112.00	\$234.00	\$196.00	\$318.00	\$1,048.00	\$1,170.00	\$1,132.00	\$1,254.00
Kaiser Permanente WA SoundChoice	\$936.00	\$55.00	\$120.00	\$96.00	\$161.00	\$991.00	\$1,056.00	\$1,032.00	\$1,097.00
Kaiser Permanente WA CDHP	\$936.00	\$26.00	\$62.00	\$46.00	\$82.00	\$962.00	\$998.00	\$982.00	\$1,018.00
Uniform Medical Plan Classic	\$936.00	\$105.00	\$220.00	\$184.00	\$299.00	\$1,041.00	\$1,156.00	\$1,120.00	\$1,235.00
Uniform Medical Plan Plus - PSHVN	\$936.00	\$72.00	\$154.00	\$126.00	\$208.00	\$1,008.00	\$1,090.00	\$1,062.00	\$1,144.00
Uniform Medical Plan Plus - UW	\$936.00	\$72.00	\$154.00	\$126.00	\$208.00	\$1,008.00	\$1,090.00	\$1,062.00	\$1,144.00
Uniform Medical Plan CDHP	\$936.00	\$25.00	\$60.00	\$44.00	\$79.00	\$961.00	\$996.00	\$980.00	\$1,015.00
Uniform Medical Plan Select	\$936.00	\$37.00	\$84.00	\$65.00	\$112.00	\$973.00	\$1,020.00	\$1,001.00	\$1,048.00
<b>Surcharges</b>									
Tobacco Use Surcharge		\$25.00	\$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	\$0.00	\$50.00