## Washington State Health Care Authority 2020 PEBB Rate Book

Counties, municipalities, political subdivisions and tribal governments - Active Tiered Rates for Full Benefits Package & Medical Only Package Premium Rate Elements

|                                   | Full Benefits Package |                          |                              |             |  |  |
|-----------------------------------|-----------------------|--------------------------|------------------------------|-------------|--|--|
| Total Premium                     | Subscriber            | Subscriber<br>and Spouse | Subscriber<br>and Child(ren) | Full Family |  |  |
| Kaiser Permanente NW Classic      | \$876.96              | \$1,599.55               | \$1,418.90                   | \$2,141.50  |  |  |
| Kaiser Permanente NW CDHP         | \$770.15              | \$1,380.29               | \$1,242.34                   | \$1,794.15  |  |  |
| Kaiser Permanente WA Classic      | \$913.45              | \$1,672.54               | \$1,482.77                   | \$2,241.85  |  |  |
| Kaiser Permanente WA Value        | \$837.01              | \$1,519.66               | \$1,349.00                   | \$2,031.65  |  |  |
| Kaiser Permanente WA SoundChoice  | \$779.79              | \$1,405.22               | \$1,248.87                   | \$1,874.30  |  |  |
| Kaiser Permanente WA CDHP         | \$771.46              | \$1,383.40               | \$1,245.00                   | \$1,798.62  |  |  |
| Uniform Medical Plan Classic      | \$841.02              | \$1,527.67               | \$1,356.01                   | \$2,042.67  |  |  |
| Uniform Medical Plan Plus - PSHVN | \$806.27              | \$1,458.18               | \$1,295.21                   | \$1,947.12  |  |  |
| Uniform Medical Plan Plus - UW    | \$806.27              | \$1,458.18               | \$1,295.21                   | \$1,947.12  |  |  |
| Uniform Medical Plan CDHP         | \$769.65              | \$1,379.78               | \$1,241.83                   | \$1,793.64  |  |  |

| Medical Only |                          |                              |             |  |  |  |  |
|--------------|--------------------------|------------------------------|-------------|--|--|--|--|
| Subscriber   | Subscriber<br>and Spouse | Subscriber<br>and Child(ren) | Full Family |  |  |  |  |
| \$790.28     | \$1,512.87               | \$1,332.22                   | \$2,054.82  |  |  |  |  |
| \$683.47     | \$1,293.61               | \$1,155.66                   | \$1,707.47  |  |  |  |  |
| \$826.77     | \$1,585.86               | \$1,396.09                   | \$2,155.17  |  |  |  |  |
| \$750.33     | \$1,432.98               | \$1,262.32                   | \$1,944.97  |  |  |  |  |
| \$693.11     | \$1,318.54               | \$1,162.19                   | \$1,787.62  |  |  |  |  |
| \$684.78     | \$1,296.72               | \$1,158.32                   | \$1,711.94  |  |  |  |  |
| \$754.34     | \$1,440.99               | \$1,269.33                   | \$1,955.99  |  |  |  |  |
| \$719.59     | \$1,371.50               | \$1,208.53                   | \$1,860.44  |  |  |  |  |
| \$719.59     | \$1,371.50               | \$1,208.53                   | \$1,860.44  |  |  |  |  |
| \$682.97     | \$1,293.10               | \$1,155.15                   | \$1,706.96  |  |  |  |  |

## Medical Premium Rate Element

| Kaiser Permanente NW Classic      | \$722.60 | \$1,445.19 | \$1,264.54 | \$1,987.14 |
|-----------------------------------|----------|------------|------------|------------|
| Kaiser Permanente NW CDHP         | \$615.79 | \$1,225.93 | \$1,087.98 | \$1,639.79 |
| Kaiser Permanente WA Classic      | \$759.09 | \$1,518.18 | \$1,328.41 | \$2,087.49 |
| Kaiser Permanente WA Value        | \$682.65 | \$1,365.30 | \$1,194.64 | \$1,877.29 |
| Kaiser Permanente WA SoundChoice  | \$625.43 | \$1,250.86 | \$1,094.51 | \$1,719.94 |
| Kaiser Permanente WA CDHP         | \$617.10 | \$1,229.04 | \$1,090.64 | \$1,644.26 |
| Uniform Medical Plan Classic      | \$686.66 | \$1,373.31 | \$1,201.65 | \$1,888.31 |
| Uniform Medical Plan Plus - PSHVN | \$651.91 | \$1,303.82 | \$1,140.85 | \$1,792.76 |
| Uniform Medical Plan Plus - UW    | \$651.91 | \$1,303.82 | \$1,140.85 | \$1,792.76 |
| Uniform Medical Plan CDHP         | \$615.29 | \$1,225.42 | \$1,087.47 | \$1,639.28 |

| \$722. | 60 | \$1,445.19 | \$1,264.54 | \$1,987.14 |
|--------|----|------------|------------|------------|
| \$615. | 79 | \$1,225.93 | \$1,087.98 | \$1,639.79 |
| \$759. | 09 | \$1,518.18 | \$1,328.41 | \$2,087.49 |
| \$682. | 65 | \$1,365.30 | \$1,194.64 | \$1,877.29 |
| \$625. | 43 | \$1,250.86 | \$1,094.51 | \$1,719.94 |
| \$617. | 10 | \$1,229.04 | \$1,090.64 | \$1,644.26 |
| \$686. | 66 | \$1,373.31 | \$1,201.65 | \$1,888.31 |
| \$651. | 91 | \$1,303.82 | \$1,140.85 | \$1,792.76 |
| \$651. | 91 | \$1,303.82 | \$1,140.85 | \$1,792.76 |
| \$615. | 29 | \$1,225.42 | \$1,087.47 | \$1,639.28 |

## Premium Rate elements other than medical

| Tiered and Self-Pay Admin | \$5.06   | \$5.06   | \$5.06   | \$5.06   |
|---------------------------|----------|----------|----------|----------|
| Life                      | \$3.95   | \$3.95   | \$3.95   | \$3.95   |
| LTD                       | \$2.10   | \$2.10   | \$2.10   | \$2.10   |
| Dental                    | \$80.63  | \$80.63  | \$80.63  | \$80.63  |
| Retiree Subsidy Charged   | \$62.62  | \$62.62  | \$62.62  | \$62.62  |
| Total with Medical Waived | \$154.36 | \$154.36 | \$154.36 | \$154.36 |

| \$5.06  | \$5.06  | \$5.06  | \$5.06  |
|---------|---------|---------|---------|
|         |         |         |         |
|         |         |         |         |
|         |         |         |         |
| \$62.62 | \$62.62 | \$62.62 | \$62.62 |
| \$67.68 | \$67.68 | \$67.68 | \$67.68 |

| Surcharges - Employee Paid   |         |         |         |         |         |         |         |         |
|------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| 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 |