



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

May 1, 2020

TO: Personnel, Payroll, and Insurance Offices of Counties, Municipalities, Other Political Subdivisions, and Tribal Governments

FROM: Amy Corrigan
ERB Outreach & Training Team

SUBJECT: Fiscal Year (FY) 2020-21 PEBB Program Rates – Composite

Beginning July 1, 2020, your employer base rate will be \$976 per employee per month. These rates were established in the ESHB 1109 66th Legislature, 2019 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 employers on “tiered rates,” the employer group rate surcharge, or PEBB Continuation Coverage (COBRA and unpaid leave) rates, which remain the same until January 1, 2021, when the new plan year begins. You will receive notification of the 2021 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 employee contributions and 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.

cc: Kate LaBelle, ERB Fiscal Information and Data Analyst

Washington State Health Care Authority

2020 PEBB Rates

Rates for Counties, Municipalities, Other Political Subdivisions and Tribal Governments July 1, 2020 through December 31, 2020

| | 07/01/20 through 06/30/21 | 07/01/20 through 12/31/20 | | | |
|----------------------------------|---------------------------------|------------------------------|--------------------------|------------------------------|-------------|
| Plans | | Employer Group Total Premium | | | |
| | Base Rate | Subscriber | Subscriber and Spouse | Subscriber and Child(ren) | Full Family |
| Kaiser Permanente NW Classic | \$976.00 | \$1,128.00 | \$1,290.00 | \$1,242.00 | \$1,404.00 |
| Kaiser Permanente NW CDHP | \$976.00 | \$1,013.00 | \$1,060.00 | \$1,041.00 | \$1,088.00 |
| Kaiser Permanente WA Classic | \$976.00 | \$1,164.00 | \$1,362.00 | \$1,305.00 | \$1,503.00 |
| Kaiser Permanente WA Value | \$976.00 | \$1,088.00 | \$1,210.00 | \$1,172.00 | \$1,294.00 |
| Kaiser Permanente WA SoundChoice | \$976.00 | \$1,030.00 | \$1,094.00 | \$1,071.00 | \$1,135.00 |
| Kaiser Permanente WA CDHP | \$976.00 | \$1,015.00 | \$1,064.00 | \$1,044.00 | \$1,093.00 |
| Uniform Medical Plan Classic | \$976.00 | \$1,092.00 | \$1,218.00 | \$1,179.00 | \$1,305.00 |
| Uniform Medical Plan Plus | \$976.00 | \$1,057.00 | \$1,148.00 | \$1,118.00 | \$1,209.00 |
| Uniform Medical Plan CDHP | \$976.00 | \$1,013.00 | \$1,060.00 | \$1,041.00 | \$1,088.00 |

| Surcharges | | | | | |
|------------------------------|--|---------|---------|---------|---------|
| Tobacco Use Surcharge | | \$25.00 | \$25.00 | \$25.00 | \$25.00 |
| Spouse Waiver (AV) Surcharge | | \$0.00 | \$50.00 | \$0.00 | \$50.00 |