



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: All State Agencies, Four-Year Higher Education Institutions, Community and Technical Colleges, and Commodity Commissions

FROM: Amy Corrigan
ERB Outreach & Training

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

Beginning July 1, 2020 (FY 2020-21), the monthly employer base rate will be \$976 per employee per month. These rates were established in 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.

Employee contributions and PEBB Continuation Coverage (COBRA and unpaid leave) rates will 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.

The base rate does not represent the actual cost of providing benefits to employees during the calendar year. The amounts shown below break out the base rate, which may vary from actual costs.

Benefit	Base Rate Breakout
Net Medical and Admin	\$ 889.32
Dental	\$ 80.63
Life	\$ 3.95
LTD	\$ 2.10
Total Base Rate	\$ 976.00

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 Rate Book
 Composite Active Rates for STATE and HIGHER ED, and Commodity Commissions
 July 1, 2020 through December 31, 2020

Plans	07/01/20 through 06/30/21	01/01/20 through 12/31/20				07/01/20 through 12/31/20			
	Base Rate	Employee Contributions				Total Base Rates With Employee Contributions			
		Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$976.00	\$140.00	\$290.00	\$245.00	\$395.00	\$1,116.00	\$1,266.00	\$1,221.00	\$1,371.00
Kaiser Permanente NW CDHP	\$976.00	\$25.00	\$60.00	\$44.00	\$79.00	\$1,001.00	\$1,036.00	\$1,020.00	\$1,055.00
Kaiser Permanente WA Classic	\$976.00	\$176.00	\$362.00	\$308.00	\$494.00	\$1,152.00	\$1,338.00	\$1,284.00	\$1,470.00
Kaiser Permanente WA Value	\$976.00	\$100.00	\$210.00	\$175.00	\$285.00	\$1,076.00	\$1,186.00	\$1,151.00	\$1,261.00
Kaiser Permanente WA SoundChoice	\$976.00	\$42.00	\$94.00	\$74.00	\$126.00	\$1,018.00	\$1,070.00	\$1,050.00	\$1,102.00
Kaiser Permanente WA CDHP	\$976.00	\$27.00	\$64.00	\$47.00	\$84.00	\$1,003.00	\$1,040.00	\$1,023.00	\$1,060.00
Uniform Medical Plan Classic	\$976.00	\$104.00	\$218.00	\$182.00	\$296.00	\$1,080.00	\$1,194.00	\$1,158.00	\$1,272.00
Uniform Medical Plan Plus	\$976.00	\$69.00	\$148.00	\$121.00	\$200.00	\$1,045.00	\$1,124.00	\$1,097.00	\$1,176.00
Uniform Medical Plan CDHP	\$976.00	\$25.00	\$60.00	\$44.00	\$79.00	\$1,001.00	\$1,036.00	\$1,020.00	\$1,055.00

Surcharges									
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