



Washington State Health Care Authority
School Employees Benefits Board
P.O. Box 42720 • Olympia, Washington 98504-2720
www.hca.wa.gov/sebb

August 24, 2022

To: Payroll and Benefits Offices of K-12 School Districts, Charter Schools, and Educational Service Districts with Represented Employees

From: Amy Corrigan, Management Analyst 5, SEBB Program Outreach and Training

Subject: 2022 SEBB Program Rates for employees with locally negotiated eligibility – Effective January 1, 2023

Overview

The information included in this letter is for SEBB Organizations that are engaging in local negotiations regarding eligibility for school employees as described in WAC 182-30-130.

The SEBB organization must provide a current ratified collective bargaining agreement (CBA) and information on all eligible school employees under the CBA to HCA by the start of the school year.

Medical, vision, and dental insurance

To participate in the locally negotiated eligibility, the SEBB organization must offer all the following, and only the following: medical (including wellness incentive), dental, vision, basic life and basic accidental death and dismemberment (AD&D) insurance. The following benefits are not available to locally negotiated employees: long-term disability (LTD), medical flexible spending arrangement (FSA), Limited Purpose FSA, dependent care assistance program, and supplemental life insurance.

A threshold of anticipated hours must be established for employees to be eligible under locally negotiated eligibility that is no less than 180 hours but less than 630 hours within the school year.

Monthly premiums for the employer and employee contribution for medical coverage effective January 1, 2023, are attached. Vision and dental coverage are employer-paid and are included in the employer contribution; there are no monthly employee premiums for vision or dental coverage.

If a school employee waives medical, there is no requirement to send the employer contribution to the HCA.

SEBB Program annual open enrollment

The School Employees Benefits Board (SEBB) Program's annual open enrollment is October 31 through 11:59 p.m. on November 21, 2021. In October, the SEBB Program will mail the *Intercom* newsletter to employees at the address we have on record or will send it electronically to those who subscribed 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

The tobacco use premium surcharge will remain at \$25 per account per month, regardless of the number of tobacco users enrolled on the account, in addition to the monthly medical premium.

The spouse or state-registered domestic partner coverage premium surcharge will remain at \$50 per month in addition to the monthly medical premium for subscribers who cover a spouse or state-registered domestic partner in SEBB medical coverage where the spouse or state-registered domestic partner has chosen not to enroll in their own employer-based group health insurance that is comparable to the Public Employees Benefits Board (PEBB) Program Uniform Medical Plan (UMP) Classic.

Employees who cover a spouse or state-registered domestic partner on their 2023 medical coverage may have to re-attest to this premium surcharge during the SEBB Program annual open enrollment. In October, the SEBB Program will mail a letter to employees who need to attest. Employees can also find whether they need to re-attest in SEBB My Account during the annual open enrollment.

Additional taxable income for non-qualified tax dependents

Certain individuals may not qualify under IRS regulations as dependents, so the pre-tax deduction of premiums from taxable income is not appropriate. Tax tables are attached to assist you in determining additional taxable income that should be assigned to employees if the employee's contributions are made for a non-qualified tax dependent.

Tables 1 and 2 provide monthly amounts for additional taxable income for non-qualified tax dependents for 2023. 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 2023.

Employees are required to complete the *SEBB Declaration of Tax Status* form when enrolling an individual on their SEBB Program insurance coverage who does not qualify as a dependent for tax purposes (e.g., a state-registered domestic partner or their eligible children).

If you have questions about the rates, please contact me at 360-725-0826 or amy.corrigan@hca.wa.gov.

Sincerely,

Amy Corrigan

Attachments

C. Kate LaBelle

Washington State Health Care Authority
2023 SEBB Rate Book

K-12 Active Tiered Rates for 6E Employee Benefits Package with Surcharge Tables

Plans	Employer Medical Contribution (EMC) 01/01/23 through 12/31/23				Employee Contributions CY 2023				Total Base Rates With Employee Contributions: January - December 2023			
	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 31	\$ 62	\$ 54	\$ 93	\$ 631	\$ 1,262	\$ 1,104	\$ 1,893
Kaiser Permanente NW 2	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 57	\$ 114	\$ 100	\$ 171	\$ 657	\$ 1,314	\$ 1,150	\$ 1,971
Kaiser Permanente NW 3	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 89	\$ 178	\$ 156	\$ 267	\$ 689	\$ 1,378	\$ 1,206	\$ 2,067
Kaiser Permanente WA Core 1	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 38	\$ 76	\$ 67	\$ 114	\$ 638	\$ 1,276	\$ 1,117	\$ 1,914
Kaiser Permanente WA Core 2	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 43	\$ 86	\$ 75	\$ 129	\$ 643	\$ 1,286	\$ 1,125	\$ 1,929
Kaiser Permanente WA Core 3	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 120	\$ 240	\$ 210	\$ 360	\$ 720	\$ 1,440	\$ 1,260	\$ 2,160
Kaiser Permanente WA SoundChoice	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 74	\$ 148	\$ 130	\$ 222	\$ 674	\$ 1,348	\$ 1,180	\$ 2,022
Kaiser Permanente WA Summit 1	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 77	\$ 154	\$ 135	\$ 231	\$ 677	\$ 1,354	\$ 1,185	\$ 2,031
Kaiser Permanente WA Summit 2	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 106	\$ 212	\$ 186	\$ 318	\$ 706	\$ 1,412	\$ 1,236	\$ 2,118
Kaiser Permanente WA Summit 3	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 142	\$ 284	\$ 249	\$ 426	\$ 742	\$ 1,484	\$ 1,299	\$ 2,226
Premera Blue Cross High PPO	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 97	\$ 194	\$ 170	\$ 291	\$ 697	\$ 1,394	\$ 1,220	\$ 2,091
Premera Blue Cross Standard PPO	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 49	\$ 98	\$ 86	\$ 147	\$ 649	\$ 1,298	\$ 1,136	\$ 1,947
Premera Blue Cross HMO	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 25	\$ 50	\$ 44	\$ 75	\$ 625	\$ 1,250	\$ 1,094	\$ 1,875
Uniform Medical Plan Achieve 1	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 42	\$ 84	\$ 74	\$ 126	\$ 642	\$ 1,284	\$ 1,124	\$ 1,926
Uniform Medical Plan Achieve 2	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 105	\$ 210	\$ 184	\$ 315	\$ 705	\$ 1,410	\$ 1,234	\$ 2,115
Uniform Medical Plan High Deductible	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 28	\$ 56	\$ 49	\$ 84	\$ 628	\$ 1,256	\$ 1,099	\$ 1,884
Uniform Medical Plan Plus - PSHVN	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 83	\$ 166	\$ 145	\$ 249	\$ 683	\$ 1,366	\$ 1,195	\$ 2,049
Uniform Medical Plan Plus - UW	\$ 600	\$ 1,200	\$ 1,050	\$ 1,800	\$ 83	\$ 166	\$ 145	\$ 249	\$ 683	\$ 1,366	\$ 1,195	\$ 2,049
Medical Waived	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Surcharges			
Tobacco Use Surcharge	\$ 25	\$ 25	\$ 25
Spouse Waiver (AV) Surcharge	\$ -	\$ 50	\$ 50

Notes:

- 100% of the monthly premium, by tier, for the medical plan selected by the 6E employee
- Calculation of Employer-share: EMC used for a RCW 41.05.740(6)(d) school employee multiplied by the applicable tier
- Calculation of the Employee-share: difference between the total monthly premium (i.e., "Total Base Rate"), for the applicable plan, and the EMC, by tier
- A 6E employee can only waive medical (they cannot waive dental or vision)

Washington State Health Care Authority
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SEBB Life and AD&D Rates Paid to Plan and Charged to Subscribers

Employee Basic*	Monthly Cost:	\$3.955
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Washington State Health Care Authority

2023 SEBB Rate Book

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical, Dental, and Vision

2023 Monthly State Premium Contribution for Medical, Dental, and Vision for Active Employees
Additional Taxable Income for Non-Tax Qualified Dependent Coverage

MEDICAL, DENTAL, AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$ 655	\$ 503	\$ 1,310

Table 2: Employer Share Dental and Vision Only

Sample chart for dental and vision only enrollment-taxable amount for dependents

DENTAL AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Dental Plans	\$ 48	\$ 48	\$ 96
All Vision Plans	\$ 7	\$ 5	\$ 14

Table 3: Total Monthly Employee Contribution Owed for All Coverage (Pre-tax and post-tax combined)

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$ 31	\$ 62	\$ 54	\$ 93
Kaiser Permanente NW 2	\$ 57	\$ 114	\$ 100	\$ 171
Kaiser Permanente NW 3	\$ 89	\$ 178	\$ 156	\$ 267
Kaiser Permanente WA Core 1	\$ 38	\$ 76	\$ 67	\$ 114
Kaiser Permanente WA Core 2	\$ 43	\$ 86	\$ 75	\$ 129
Kaiser Permanente WA Core 3	\$ 120	\$ 240	\$ 210	\$ 360
Kaiser Permanente WA SoundChoice	\$ 74	\$ 148	\$ 130	\$ 222
Kaiser Permanente WA Summit 1	\$ 77	\$ 154	\$ 135	\$ 231
Kaiser Permanente WA Summit 2	\$ 106	\$ 212	\$ 186	\$ 318
Kaiser Permanente WA Summit 3	\$ 142	\$ 284	\$ 249	\$ 426
Premera Blue Cross High PPO	\$ 97	\$ 194	\$ 170	\$ 291
Premera Blue Cross Standard PPO	\$ 49	\$ 98	\$ 86	\$ 147
Premera Blue Cross HMO	\$ 25	\$ 50	\$ 44	\$ 75
Uniform Medical Plan Achieve 1	\$ 42	\$ 84	\$ 74	\$ 126
Uniform Medical Plan Achieve 2	\$ 105	\$ 210	\$ 184	\$ 315
Uniform Medical Plan High Deductible	\$ 28	\$ 56	\$ 49	\$ 84
Uniform Medical Plan Plus - PSHVN	\$ 83	\$ 166	\$ 145	\$ 249
Uniform Medical Plan Plus - UW	\$ 83	\$ 166	\$ 145	\$ 249

*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

**Retiree subsidy is limited to 50% of the total premium paid to the health plan by state law

Notes:

- The default dental plan (UDP) is used for the purpose of this calculation
- The default vision plan (MetLife) is used for the purpose of this calculation

Table 4: Post-Tax Partner Share for "Subscriber and Spouse" Tier

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW 1	\$ 62	\$ 31	\$ 31
Kaiser Permanente NW 2	\$ 114	\$ 57	\$ 57
Kaiser Permanente NW 3	\$ 178	\$ 89	\$ 89
Kaiser Permanente WA Core 1	\$ 76	\$ 38	\$ 38
Kaiser Permanente WA Core 2	\$ 86	\$ 43	\$ 43
Kaiser Permanente WA Core 3	\$ 240	\$ 120	\$ 120
Kaiser Permanente WA SoundChoice	\$ 148	\$ 74	\$ 74
Kaiser Permanente WA Summit 1	\$ 154	\$ 77	\$ 77
Kaiser Permanente WA Summit 2	\$ 212	\$ 106	\$ 106
Kaiser Permanente WA Summit 3	\$ 284	\$ 142	\$ 142
Premera Blue Cross High PPO	\$ 194	\$ 97	\$ 97
Premera Blue Cross Standard PPO	\$ 98	\$ 49	\$ 49
Premera Blue Cross HMO	\$ 50	\$ 25	\$ 25
Uniform Medical Plan Achieve 1	\$ 84	\$ 42	\$ 42
Uniform Medical Plan Achieve 2	\$ 210	\$ 105	\$ 105
Uniform Medical Plan High Deductible	\$ 56	\$ 28	\$ 28
Uniform Medical Plan Plus - PSHVN	\$ 166	\$ 83	\$ 83
Uniform Medical Plan Plus - UW	\$ 166	\$ 83	\$ 83

Table 6: Post Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family	Subscriber	Partner and Child(ren)
Kaiser Permanente NW 1	\$ 93	\$ 31	\$ 62
Kaiser Permanente NW 2	\$ 171	\$ 57	\$ 114
Kaiser Permanente NW 3	\$ 267	\$ 89	\$ 178
Kaiser Permanente WA Core 1	\$ 114	\$ 38	\$ 76
Kaiser Permanente WA Core 2	\$ 129	\$ 43	\$ 86
Kaiser Permanente WA Core 3	\$ 360	\$ 120	\$ 240
Kaiser Permanente WA SoundChoice	\$ 222	\$ 74	\$ 148
Kaiser Permanente WA Summit 1	\$ 231	\$ 77	\$ 154
Kaiser Permanente WA Summit 2	\$ 318	\$ 106	\$ 212
Kaiser Permanente WA Summit 3	\$ 426	\$ 142	\$ 284
Premera Blue Cross High PPO	\$ 291	\$ 97	\$ 194
Premera Blue Cross Standard PPO	\$ 147	\$ 49	\$ 98
Premera Blue Cross HMO	\$ 75	\$ 25	\$ 50
Uniform Medical Plan Achieve 1	\$ 126	\$ 42	\$ 84
Uniform Medical Plan Achieve 2	\$ 315	\$ 105	\$ 210
Uniform Medical Plan High Deductible	\$ 84	\$ 28	\$ 56
Uniform Medical Plan Plus - PSHVN	\$ 249	\$ 83	\$ 166
Uniform Medical Plan Plus - UW	\$ 249	\$ 83	\$ 166

Table 5: Post Tax Partner Share for "Full Family" Tier

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW 1	\$ 93	\$ 54	\$ 39
Kaiser Permanente NW 2	\$ 171	\$ 100	\$ 71
Kaiser Permanente NW 3	\$ 267	\$ 156	\$ 111
Kaiser Permanente WA Core 1	\$ 114	\$ 67	\$ 47
Kaiser Permanente WA Core 2	\$ 129	\$ 75	\$ 54
Kaiser Permanente WA Core 3	\$ 360	\$ 210	\$ 150
Kaiser Permanente WA SoundChoice	\$ 222	\$ 130	\$ 92
Kaiser Permanente WA Summit 1	\$ 231	\$ 135	\$ 96
Kaiser Permanente WA Summit 2	\$ 318	\$ 186	\$ 132
Kaiser Permanente WA Summit 3	\$ 426	\$ 249	\$ 177
Premera Blue Cross High PPO	\$ 291	\$ 170	\$ 121
Premera Blue Cross Standard PPO	\$ 147	\$ 86	\$ 61
Premera Blue Cross HMO	\$ 75	\$ 44	\$ 31
Uniform Medical Plan Achieve 1	\$ 126	\$ 74	\$ 52
Uniform Medical Plan Achieve 2	\$ 315	\$ 184	\$ 131
Uniform Medical Plan High Deductible	\$ 84	\$ 49	\$ 35
Uniform Medical Plan Plus - PSHVN	\$ 249	\$ 145	\$ 104
Uniform Medical Plan Plus - UW	\$ 249	\$ 145	\$ 104

Table 7: Post Tax Partner's Child(ren) Share for "Subscriber and Child(ren)" Tier

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Children
Kaiser Permanente NW 1	\$ 54	\$ 31	\$ 23
Kaiser Permanente NW 2	\$ 100	\$ 57	\$ 43
Kaiser Permanente NW 3	\$ 156	\$ 89	\$ 67
Kaiser Permanente WA Core 1	\$ 67	\$ 38	\$ 29
Kaiser Permanente WA Core 2	\$ 75	\$ 43	\$ 32
Kaiser Permanente WA Core 3	\$ 210	\$ 120	\$ 90
Kaiser Permanente WA SoundChoice	\$ 130	\$ 74	\$ 56
Kaiser Permanente WA Summit 1	\$ 135	\$ 77	\$ 58
Kaiser Permanente WA Summit 2	\$ 186	\$ 106	\$ 80
Kaiser Permanente WA Summit 3	\$ 249	\$ 142	\$ 107
Premera Blue Cross High PPO	\$ 170	\$ 97	\$ 73
Premera Blue Cross Standard PPO	\$ 86	\$ 49	\$ 37
Premera Blue Cross HMO	\$ 44	\$ 25	\$ 19
Uniform Medical Plan Achieve 1	\$ 74	\$ 42	\$ 32
Uniform Medical Plan Achieve 2	\$ 184	\$ 105	\$ 79
Uniform Medical Plan High Deductible	\$ 49	\$ 28	\$ 21
Uniform Medical Plan Plus - PSHVN	\$ 145	\$ 83	\$ 62
Uniform Medical Plan Plus - UW	\$ 145	\$ 83	\$ 62