



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

August 27, 2021

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 – Effective January 1, 2022

Overview

The monthly base rate (employer contribution) of \$968 per eligible employee for health care contributions will remain unchanged until August 31, 2022. This is the amount due to the Health Care Authority (HCA) even if an employee chooses to waive medical coverage. Employees cannot waive vision and dental coverage.

Medical, vision, and dental insurance

Monthly premiums for the employee contribution for medical coverage effective January 1, 2022, 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.

The base rate breakout 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.

January 1, 2022 through August 31, 2022	
Benefit	Base Rate Breakout
Net medical and admin fee	\$859.88
Dental	\$90.72
Vision	\$11.34
Life	\$3.96
Long-term Disability	\$2.10
Total base rate	\$968

SEBB Program annual open enrollment

The School Employees Benefits Board (SEBB) Program's annual open enrollment is October 25 through November 22, 2021, 11:59 p.m. 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 2022 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.

Life, Accidental Death and Dismemberment (AD&D) and Long-Term Disability (LTD) insurance

Employee supplemental life and AD&D insurance premiums will remain the same for the 2022 plan year (unless an employee changes age brackets or increases their coverage).

The rate schedule for life, AD&D is attached.

Employee supplemental LTD premiums will change for 2022.

The LTD premiums will be made available at a future date.

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 2022. 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 2022.

Employees are required to complete the *2022 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
2022 SEBB Rate Book**

Invoicing Rates for K12 Active with Surcharges (for January through August 2022 only)

Plans	09/01/21 through 08/30/22	Employee Contributions: CY 2022				Total Base Rates With Employee Contributions: January - August 2022			
	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$968.00	\$50.00	\$100.00	\$88.00	\$150.00	\$1,018.00	\$1,068.00	\$1,056.00	\$1,118.00
Kaiser Permanente NW 2	\$968.00	\$69.00	\$138.00	\$121.00	\$207.00	\$1,037.00	\$1,106.00	\$1,089.00	\$1,175.00
Kaiser Permanente NW 3	\$968.00	\$136.00	\$272.00	\$238.00	\$408.00	\$1,104.00	\$1,240.00	\$1,206.00	\$1,376.00
Kaiser Permanente WA Core 1	\$968.00	\$39.00	\$78.00	\$68.00	\$117.00	\$1,007.00	\$1,046.00	\$1,036.00	\$1,085.00
Kaiser Permanente WA Core 2	\$968.00	\$44.00	\$88.00	\$77.00	\$132.00	\$1,012.00	\$1,056.00	\$1,045.00	\$1,100.00
Kaiser Permanente WA Core 3	\$968.00	\$119.00	\$238.00	\$208.00	\$357.00	\$1,087.00	\$1,206.00	\$1,176.00	\$1,325.00
Kaiser Permanente WA SoundChoice	\$968.00	\$76.00	\$152.00	\$133.00	\$228.00	\$1,044.00	\$1,120.00	\$1,101.00	\$1,196.00
Kaiser Permanente WA Options Access PPO 1	\$968.00	\$104.00	\$208.00	\$182.00	\$312.00	\$1,072.00	\$1,176.00	\$1,150.00	\$1,280.00
Kaiser Permanente WA Options Access PPO 2	\$968.00	\$133.00	\$266.00	\$233.00	\$399.00	\$1,101.00	\$1,234.00	\$1,201.00	\$1,367.00
Kaiser Permanente WA Options Access PPO 3	\$968.00	\$185.00	\$370.00	\$324.00	\$555.00	\$1,153.00	\$1,338.00	\$1,292.00	\$1,523.00
Premera Blue Cross High PPO	\$968.00	\$87.00	\$174.00	\$152.00	\$261.00	\$1,055.00	\$1,142.00	\$1,120.00	\$1,229.00
Premera Blue Cross Peak Care EPO	\$968.00	\$41.00	\$82.00	\$72.00	\$123.00	\$1,009.00	\$1,050.00	\$1,040.00	\$1,091.00
Premera Blue Cross Standard PPO	\$968.00	\$37.00	\$74.00	\$65.00	\$111.00	\$1,005.00	\$1,042.00	\$1,033.00	\$1,079.00
Uniform Medical Plan Achieve 1	\$968.00	\$37.00	\$74.00	\$65.00	\$111.00	\$1,005.00	\$1,042.00	\$1,033.00	\$1,079.00
Uniform Medical Plan Achieve 2	\$968.00	\$101.00	\$202.00	\$177.00	\$303.00	\$1,069.00	\$1,170.00	\$1,145.00	\$1,271.00
Uniform Medical Plan High Deductible	\$968.00	\$25.00	\$50.00	\$44.00	\$75.00	\$993.00	\$1,018.00	\$1,012.00	\$1,043.00
Uniform Medical Plan Plus - PSHVN	\$968.00	\$77.00	\$154.00	\$135.00	\$231.00	\$1,045.00	\$1,122.00	\$1,103.00	\$1,199.00
Uniform Medical Plan Plus - UW	\$968.00	\$77.00	\$154.00	\$135.00	\$231.00	\$1,045.00	\$1,122.00	\$1,103.00	\$1,199.00

Surcharges
Tobacco Use Surcharge
Spouse Waiver (AV) Surcharge

\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00

**Washington State Health Care Authority
2022 SEBB Rate Book**

SEBB Life and AD&D Rates Paid to Plan and Charged to Subscribers

Employee Basic*	Monthly Cost:	\$3.955
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Employee Supplemental		
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)		
Age	Non-Smoker	Smoker
<25	\$0.038	\$0.050
25-29	\$0.042	\$0.060
30-34	\$0.046	\$0.080
35-39	\$0.058	\$0.090
40-44	\$0.088	\$0.100
45-49	\$0.128	\$0.150
50-54	\$0.188	\$0.230
55-59	\$0.346	\$0.400
60-64	\$0.534	\$0.630
65-69	\$0.962	\$1.220
70+	\$1.438	\$1.988

Spouse/State Registered Domestic Partner Life		
Monthly Cost for Each \$1,000 of Coverage (Up to 50% of Employee Supplemental in \$5,000 increments)		
Age	Non-Smoker	Smoker
<25	\$0.038	\$0.050
25-29	\$0.042	\$0.060
30-34	\$0.046	\$0.080
35-39	\$0.058	\$0.090
40-44	\$0.088	\$0.100
45-49	\$0.128	\$0.150
50-54	\$0.188	\$0.230
55-59	\$0.346	\$0.400
60-64	\$0.534	\$0.630
65-69	\$0.962	\$1.220
70+	\$1.438	\$1.988

Child Life	
Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)	
Age 2 weeks - 26 years	\$0.124

Employee Supplemental AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)	
Cost per \$1,000	\$0.019

Spouse/Registered Domestic Partner AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)	
Cost per \$1,000	\$0.019

Child AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)	
Cost per \$1,000	\$0.016

* Represents premium paid to Plan

For K12 Actives and 6E, Plan A Basic coverage is paid by the employer.

Washington State Health Care Authority

2022 SEBB Rate Book

SEBB Long Term Disability Plan - Rates Paid to Plan and Charged to Subscribers

Employer-Paid Plan for Actives	
Monthly Cost*:	\$2.10

Optional Plan

Employee-Paid Plan for Actives		
Age	60% Benefit (default)	50% Benefit (buy-down)
< 30	0.11%	0.07%
30-34	0.15%	0.09%
35-39	0.23%	0.14%
40-44	0.32%	0.19%
45-49	0.44%	0.26%
50-54	0.60%	0.36%
55-59	0.72%	0.44%
60-64	0.75%	0.45%
65+	0.76%	0.46%

* Represents premium paid to plan only.

Notes:

- For K12 Actives, Basic Plan coverage is paid by the employer
- Based on age as of January 1st each year

**Washington State Health Care Authority
2022 SEBB Rate Book**

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical, Dental, and Vision

2022 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	\$627.00	\$483.00	\$1,254.00

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	\$50.00	\$50.00	\$100.00
All Vision Plans	\$7.00	\$5.00	\$14.00

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	\$50.00	\$100.00	\$88.00	\$150.00
Kaiser Permanente NW 2	\$69.00	\$138.00	\$121.00	\$207.00
Kaiser Permanente NW 3	\$136.00	\$272.00	\$238.00	\$408.00
Kaiser Permanente WA Core 1	\$39.00	\$78.00	\$68.00	\$117.00
Kaiser Permanente WA Core 2	\$44.00	\$88.00	\$77.00	\$132.00
Kaiser Permanente WA Core 3	\$119.00	\$238.00	\$208.00	\$357.00
Kaiser Permanente WA SoundChoice	\$76.00	\$152.00	\$133.00	\$228.00
Kaiser Permanente WA Options Access PPO 1	\$104.00	\$208.00	\$182.00	\$312.00
Kaiser Permanente WA Options Access PPO 2	\$133.00	\$266.00	\$233.00	\$399.00
Kaiser Permanente WA Options Access PPO 3	\$185.00	\$370.00	\$324.00	\$555.00
Premera Blue Cross High PPO	\$87.00	\$174.00	\$152.00	\$261.00
Premera Blue Cross Peak Care EPO	\$41.00	\$82.00	\$72.00	\$123.00
Premera Blue Cross Standard PPO	\$37.00	\$74.00	\$65.00	\$111.00
Uniform Medical Plan Achieve 1	\$37.00	\$74.00	\$65.00	\$111.00
Uniform Medical Plan Achieve 2	\$101.00	\$202.00	\$177.00	\$303.00
Uniform Medical Plan High Deductible	\$25.00	\$50.00	\$44.00	\$75.00
Uniform Medical Plan Plus - PSHVN	\$77.00	\$154.00	\$135.00	\$231.00
Uniform Medical Plan Plus - UW	\$77.00	\$154.00	\$135.00	\$231.00

Washington State Health Care Authority
2022 SEBB Rate Book

K12 Active Employee Monthly Contributions (Deductions) for Non-Tax Qualified Dependents

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW 1	\$100.00	\$50.00	\$50.00
Kaiser Permanente NW 2	\$138.00	\$69.00	\$69.00
Kaiser Permanente NW 3	\$272.00	\$136.00	\$136.00
Kaiser Permanente WA Core 1	\$78.00	\$39.00	\$39.00
Kaiser Permanente WA Core 2	\$88.00	\$44.00	\$44.00
Kaiser Permanente WA Core 3	\$238.00	\$119.00	\$119.00
Kaiser Permanente WA SoundChoice	\$152.00	\$76.00	\$76.00
Kaiser Permanente WA Options Access PPO 1	\$208.00	\$104.00	\$104.00
Kaiser Permanente WA Options Access PPO 2	\$266.00	\$133.00	\$133.00
Kaiser Permanente WA Options Access PPO 3	\$370.00	\$185.00	\$185.00
Premiera Blue Cross High PPO	\$174.00	\$87.00	\$87.00
Premiera Blue Cross Peak Care EPO	\$82.00	\$41.00	\$41.00
Premiera Blue Cross Standard PPO	\$74.00	\$37.00	\$37.00
Uniform Medical Plan Achieve 1	\$74.00	\$37.00	\$37.00
Uniform Medical Plan Achieve 2	\$202.00	\$101.00	\$101.00
Uniform Medical Plan High Deductible	\$50.00	\$25.00	\$25.00
Uniform Medical Plan Plus - PSHVN	\$154.00	\$77.00	\$77.00
Uniform Medical Plan Plus - UW	\$154.00	\$77.00	\$77.00

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	\$150.00	\$50.00	\$100.00
Kaiser Permanente NW 2	\$207.00	\$69.00	\$138.00
Kaiser Permanente NW 3	\$408.00	\$136.00	\$272.00
Kaiser Permanente WA Core 1	\$117.00	\$39.00	\$78.00
Kaiser Permanente WA Core 2	\$132.00	\$44.00	\$88.00
Kaiser Permanente WA Core 3	\$357.00	\$119.00	\$238.00
Kaiser Permanente WA SoundChoice	\$228.00	\$76.00	\$152.00
Kaiser Permanente WA Options Access PPO 1	\$312.00	\$104.00	\$208.00
Kaiser Permanente WA Options Access PPO 2	\$399.00	\$133.00	\$266.00
Kaiser Permanente WA Options Access PPO 3	\$555.00	\$185.00	\$370.00
Premiera Blue Cross High PPO	\$261.00	\$87.00	\$174.00
Premiera Blue Cross Peak Care EPO	\$123.00	\$41.00	\$82.00
Premiera Blue Cross Standard PPO	\$111.00	\$37.00	\$74.00
Uniform Medical Plan Achieve 1	\$111.00	\$37.00	\$74.00
Uniform Medical Plan Achieve 2	\$303.00	\$101.00	\$202.00
Uniform Medical Plan High Deductible	\$75.00	\$25.00	\$50.00
Uniform Medical Plan Plus - PSHVN	\$231.00	\$77.00	\$154.00
Uniform Medical Plan Plus - UW	\$231.00	\$77.00	\$154.00

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW 1	\$150.00	\$88.00	\$62.00
Kaiser Permanente NW 2	\$207.00	\$121.00	\$86.00
Kaiser Permanente NW 3	\$408.00	\$238.00	\$170.00
Kaiser Permanente WA Core 1	\$117.00	\$68.00	\$49.00
Kaiser Permanente WA Core 2	\$132.00	\$77.00	\$55.00
Kaiser Permanente WA Core 3	\$357.00	\$208.00	\$149.00
Kaiser Permanente WA SoundChoice	\$228.00	\$133.00	\$95.00
Kaiser Permanente WA Options Access PPO 1	\$312.00	\$182.00	\$130.00
Kaiser Permanente WA Options Access PPO 2	\$399.00	\$233.00	\$166.00
Kaiser Permanente WA Options Access PPO 3	\$555.00	\$324.00	\$231.00
Premiera Blue Cross High PPO	\$261.00	\$152.00	\$109.00
Premiera Blue Cross Peak Care EPO	\$123.00	\$72.00	\$51.00
Premiera Blue Cross Standard PPO	\$111.00	\$65.00	\$46.00
Uniform Medical Plan Achieve 1	\$111.00	\$65.00	\$46.00
Uniform Medical Plan Achieve 2	\$303.00	\$177.00	\$126.00
Uniform Medical Plan High Deductible	\$75.00	\$44.00	\$31.00
Uniform Medical Plan Plus - PSHVN	\$231.00	\$135.00	\$96.00
Uniform Medical Plan Plus - UW	\$231.00	\$135.00	\$96.00

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	\$88.00	\$50.00	\$38.00
Kaiser Permanente NW 2	\$121.00	\$69.00	\$52.00
Kaiser Permanente NW 3	\$238.00	\$136.00	\$102.00
Kaiser Permanente WA Core 1	\$68.00	\$39.00	\$29.00
Kaiser Permanente WA Core 2	\$77.00	\$44.00	\$33.00
Kaiser Permanente WA Core 3	\$208.00	\$119.00	\$89.00
Kaiser Permanente WA SoundChoice	\$133.00	\$76.00	\$57.00
Kaiser Permanente WA Options Access PPO 1	\$182.00	\$104.00	\$78.00
Kaiser Permanente WA Options Access PPO 2	\$233.00	\$133.00	\$100.00
Kaiser Permanente WA Options Access PPO 3	\$324.00	\$185.00	\$139.00
Premiera Blue Cross High PPO	\$152.00	\$87.00	\$65.00
Premiera Blue Cross Peak Care EPO	\$72.00	\$41.00	\$31.00
Premiera Blue Cross Standard PPO	\$65.00	\$37.00	\$28.00
Uniform Medical Plan Achieve 1	\$65.00	\$37.00	\$28.00
Uniform Medical Plan Achieve 2	\$177.00	\$101.00	\$76.00
Uniform Medical Plan High Deductible	\$44.00	\$25.00	\$19.00
Uniform Medical Plan Plus - PSHVN	\$135.00	\$77.00	\$58.00
Uniform Medical Plan Plus - UW	\$135.00	\$77.00	\$58.00