



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: 2023 SEBB Program Rates – Effective January 1, 2023

Overview

The monthly base rate (employer contribution) of \$1,026 per eligible employee for health care contributions will remain unchanged until August 31, 2023. This is the amount due to the Health Care Authority (HCA) even if an employee chooses to waive medical coverage. Employees may only waive vision and dental coverage if enrolled in PEBB dental as a subscriber or a dependent.

Medical, dental, and vision insurance

Monthly premiums for the employee contribution for medical coverage effective January 1, 2023, are attached. Dental and vision coverage are employer-paid and are included in the employer contribution; there are no monthly employee premiums for dental or vision 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, 2023 through August 31, 2023	
Benefit	Base Rate Breakout
Net medical and admin fees	\$919.98
Dental	\$88.62
Vision	\$11.34
Life	\$3.96
Long-term Disability	\$2.10
Total base rate	\$1,026

SEBB Program annual open enrollment

The School Employees Benefits Board (SEBB) Program's annual open enrollment is October 31 through November 21, 2022, 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 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.

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 2023 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 remain the same for 2023.

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 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

Rates for K12 Active with Surcharges (for January through August 2023 only)

Plans	09/01/22 through 08/30/23	Employee Contributions CY 2023				Total Base Rates With Employee Contributions January - August 2023			
	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	\$ 1,026	\$ 31	\$ 62	\$ 54	\$ 93	\$ 1,057	\$ 1,088	\$ 1,080	\$ 1,119
Kaiser Permanente NW 2	\$ 1,026	\$ 57	\$ 114	\$ 100	\$ 171	\$ 1,083	\$ 1,140	\$ 1,126	\$ 1,197
Kaiser Permanente NW 3	\$ 1,026	\$ 89	\$ 178	\$ 156	\$ 267	\$ 1,115	\$ 1,204	\$ 1,182	\$ 1,293
Kaiser Permanente WA Core 1	\$ 1,026	\$ 38	\$ 76	\$ 67	\$ 114	\$ 1,064	\$ 1,102	\$ 1,093	\$ 1,140
Kaiser Permanente WA Core 2	\$ 1,026	\$ 43	\$ 86	\$ 75	\$ 129	\$ 1,069	\$ 1,112	\$ 1,101	\$ 1,155
Kaiser Permanente WA Core 3	\$ 1,026	\$ 120	\$ 240	\$ 210	\$ 360	\$ 1,146	\$ 1,266	\$ 1,236	\$ 1,386
Kaiser Permanente WA SoundChoice	\$ 1,026	\$ 74	\$ 148	\$ 130	\$ 222	\$ 1,100	\$ 1,174	\$ 1,156	\$ 1,248
Kaiser Permanente WA Summit 1	\$ 1,026	\$ 77	\$ 154	\$ 135	\$ 231	\$ 1,103	\$ 1,180	\$ 1,161	\$ 1,257
Kaiser Permanente WA Summit 2	\$ 1,026	\$ 106	\$ 212	\$ 186	\$ 318	\$ 1,132	\$ 1,238	\$ 1,212	\$ 1,344
Kaiser Permanente WA Summit 3	\$ 1,026	\$ 142	\$ 284	\$ 249	\$ 426	\$ 1,168	\$ 1,310	\$ 1,275	\$ 1,452
Premera Blue Cross High PPO	\$ 1,026	\$ 97	\$ 194	\$ 170	\$ 291	\$ 1,123	\$ 1,220	\$ 1,196	\$ 1,317
Premera Blue Cross Standard PPO	\$ 1,026	\$ 49	\$ 98	\$ 86	\$ 147	\$ 1,075	\$ 1,124	\$ 1,112	\$ 1,173
Premera Blue Cross HMO	\$ 1,026	\$ 25	\$ 50	\$ 44	\$ 75	\$ 1,051	\$ 1,076	\$ 1,070	\$ 1,101
Uniform Medical Plan Achieve 1	\$ 1,026	\$ 42	\$ 84	\$ 74	\$ 126	\$ 1,068	\$ 1,110	\$ 1,100	\$ 1,152
Uniform Medical Plan Achieve 2	\$ 1,026	\$ 105	\$ 210	\$ 184	\$ 315	\$ 1,131	\$ 1,236	\$ 1,210	\$ 1,341
Uniform Medical Plan High Deductible	\$ 1,026	\$ 28	\$ 56	\$ 49	\$ 84	\$ 1,054	\$ 1,082	\$ 1,075	\$ 1,110
Uniform Medical Plan Plus - PSHVN	\$ 1,026	\$ 83	\$ 166	\$ 145	\$ 249	\$ 1,109	\$ 1,192	\$ 1,171	\$ 1,275
Uniform Medical Plan Plus - UW	\$ 1,026	\$ 83	\$ 166	\$ 145	\$ 249	\$ 1,109	\$ 1,192	\$ 1,171	\$ 1,275

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

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2023 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.

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

Basic Plan for Actives	Monthly Cost*:	\$2.10
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Optional Plan

Age	Rate	
	60% Benefit (default)	50% Benefit (buy-down)
< 30	0.0011	0.0007
30-34	0.0015	0.0009
35-39	0.0023	0.0014
40-44	0.0032	0.0019
45-49	0.0044	0.0026
50-54	0.006	0.0036
55-59	0.0072	0.0044
60-64	0.0075	0.0045
65+	0.0076	0.0046

* 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

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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