

**Washington State Health Care Authority**

**2021 SEBB Rate Book**

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

Plans	Employer Medical Contribution 07/01/20 through 12/31/21				Employee Contributions CY 2021				Total Base Rates With Employee Contributions: January - December 2021			
	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	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 39	\$ 78	\$ 68	\$ 117	\$ 594	\$ 1,188	\$ 1,039	\$ 1,782
Kaiser Permanente NW 2	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 52	\$ 104	\$ 91	\$ 156	\$ 607	\$ 1,214	\$ 1,062	\$ 1,821
Kaiser Permanente NW 3	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 119	\$ 238	\$ 208	\$ 357	\$ 674	\$ 1,348	\$ 1,179	\$ 2,022
Kaiser Permanente WA Core 1	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 16	\$ 32	\$ 28	\$ 48	\$ 571	\$ 1,142	\$ 999	\$ 1,713
Kaiser Permanente WA Core 2	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 21	\$ 42	\$ 37	\$ 63	\$ 576	\$ 1,152	\$ 1,008	\$ 1,728
Kaiser Permanente WA Core 3	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 91	\$ 182	\$ 159	\$ 273	\$ 646	\$ 1,292	\$ 1,130	\$ 1,938
Kaiser Permanente WA SoundChoice	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 51	\$ 102	\$ 89	\$ 153	\$ 606	\$ 1,212	\$ 1,060	\$ 1,818
Kaiser Permanente WA Options Access PPO 1	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 66	\$ 132	\$ 116	\$ 198	\$ 621	\$ 1,242	\$ 1,087	\$ 1,863
Kaiser Permanente WA Options Access PPO 2	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 97	\$ 194	\$ 170	\$ 291	\$ 652	\$ 1,304	\$ 1,141	\$ 1,956
Kaiser Permanente WA Options Access PPO 3	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 146	\$ 292	\$ 256	\$ 438	\$ 701	\$ 1,402	\$ 1,227	\$ 2,103
Premera Blue Cross High PPO	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 76	\$ 152	\$ 133	\$ 228	\$ 631	\$ 1,262	\$ 1,104	\$ 1,893
Premera Blue Cross Peak Care EPO	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 37	\$ 74	\$ 65	\$ 111	\$ 592	\$ 1,184	\$ 1,036	\$ 1,776
Premera Blue Cross Standard PPO	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 28	\$ 56	\$ 49	\$ 84	\$ 583	\$ 1,166	\$ 1,020	\$ 1,749
Uniform Medical Plan Achieve 1	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 33	\$ 66	\$ 58	\$ 99	\$ 588	\$ 1,176	\$ 1,029	\$ 1,764
Uniform Medical Plan Achieve 2	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 98	\$ 196	\$ 172	\$ 294	\$ 653	\$ 1,306	\$ 1,143	\$ 1,959
Uniform Medical Plan High Deductible	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 25	\$ 50	\$ 44	\$ 75	\$ 580	\$ 1,160	\$ 1,015	\$ 1,740
Uniform Medical Plan Plus - PSHVN	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 68	\$ 136	\$ 119	\$ 204	\$ 623	\$ 1,246	\$ 1,090	\$ 1,869
Uniform Medical Plan Plus - UW	\$ 555	\$ 1,110	\$ 971	\$ 1,665	\$ 68	\$ 136	\$ 119	\$ 204	\$ 623	\$ 1,246	\$ 1,090	\$ 1,869
<b>Medical Waived</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

<b>Surcharges</b>												
Tobacco Use Surcharge					\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25
Spouse Waiver (AV) Surcharge					\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ 50	\$ -	\$ 50

<b>Employer Contribution for Dental</b>				
<b>Dental Plans</b>	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
DeltaCare	\$ 41.33	\$ 82.66	\$ 82.66	\$ 123.99
Willamette	\$ 49.90	\$ 99.80	\$ 99.80	\$ 149.70
Uniform Dental Plan	\$ 47.63	\$ 95.26	\$ 95.26	\$ 142.89

Note: 100% of the monthly premium, for all tiers, as selected by the 6E employee, for the dental and vision plans, basic life insurance, retiree subsidy, and tiered and self-pay admin fee are all employer paid, even if the 6E employee waives medical.

<b>Employer Contribution for Vision</b>				
<b>Vision Plans</b>	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Davis Vision	\$ 4.36	\$ 8.72	\$ 7.63	\$ 13.08
MetLife	\$ 6.66	\$ 13.32	\$ 11.66	\$ 19.98
EyeMed	\$ 5.96	\$ 11.92	\$ 10.43	\$ 17.88

<b>Tiered and Self-Pay Admin</b>	\$ 4.98
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<b>Life Premium (includes Basic AD&amp;D)</b>	\$ 3.96
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<b>Retiree Subsidy Charged</b>	\$ 76.13
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