



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

June 1, 2021

TO: All K-12 School Districts and Charter Schools

FROM: Amy Corrigan
ERB Outreach and Training

SUBJECT: SEBB Program Rates for the K-12 School Districts, Charter Schools, and represented employees of Educational Service Districts

Beginning September 1, 2021 (school year 2021-22) the monthly employee base rate will be \$968 per employee per month. These rates were established in ESSB 5092 67th Legislature, 2021 Regular Session and cover benefits administered by the Health Care Authority (HCA) through the School Employees Benefits Board (SEBB) Program.

Employee contributions and SEBB Continuation Coverage (COBRA and unpaid leave) rates will remain the same until January 2022, when the new plan year begins. You will receive notification of the 2022 rates in the fall, prior to the SEBB 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.

September 2021 – December 2021	
Benefit	Base Rate Breakout
Net Medical and Admin	\$868.12
Dental	\$82.48
Vision	\$11.34
Life	\$3.96
Long-Term Disability	2.10
Total Base Rate	\$968.00

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

cc: Tanya Deuel, ERB Finance Manager

Washington State Health Care Authority

2021 SEBB Rate Book

Invoicing Rates for K12 Active with Surcharges (for July through December 2021)

Plans	09/01/2021 through 08/31/2022	Employee Contributions: CY 2021				Total Base Rates With Employee Contributions: September - December 2021			
	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	\$39.00	\$78.00	\$68.00	\$117.00	\$1,007.00	\$1,046.00	\$1,036.00	\$1,085.00
Kaiser Permanente NW 2	\$968.00	\$52.00	\$104.00	\$91.00	\$156.00	\$1,020.00	\$1,072.00	\$1,059.00	\$1,124.00
Kaiser Permanente NW 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 Core 1	\$968.00	\$16.00	\$32.00	\$28.00	\$48.00	\$984.00	\$1,000.00	\$996.00	\$1,016.00
Kaiser Permanente WA Core 2	\$968.00	\$21.00	\$42.00	\$37.00	\$63.00	\$989.00	\$1,010.00	\$1,005.00	\$1,031.00
Kaiser Permanente WA Core 3	\$968.00	\$91.00	\$182.00	\$159.00	\$273.00	\$1,059.00	\$1,150.00	\$1,127.00	\$1,241.00
Kaiser Permanente WA SoundChoice	\$968.00	\$51.00	\$102.00	\$89.00	\$153.00	\$1,019.00	\$1,070.00	\$1,057.00	\$1,121.00
Kaiser Permanente WA Options Access PPO 1	\$968.00	\$66.00	\$132.00	\$116.00	\$198.00	\$1,034.00	\$1,100.00	\$1,084.00	\$1,166.00
Kaiser Permanente WA Options Access PPO 2	\$968.00	\$97.00	\$194.00	\$170.00	\$291.00	\$1,065.00	\$1,162.00	\$1,138.00	\$1,259.00
Kaiser Permanente WA Options Access PPO 3	\$968.00	\$146.00	\$292.00	\$256.00	\$438.00	\$1,114.00	\$1,260.00	\$1,224.00	\$1,406.00
Premera Blue Cross High PPO	\$968.00	\$76.00	\$152.00	\$133.00	\$228.00	\$1,044.00	\$1,120.00	\$1,101.00	\$1,196.00
Premera Blue Cross Peak Care EPO	\$968.00	\$37.00	\$74.00	\$65.00	\$111.00	\$1,005.00	\$1,042.00	\$1,033.00	\$1,079.00
Premera Blue Cross Standard PPO	\$968.00	\$28.00	\$56.00	\$49.00	\$84.00	\$996.00	\$1,024.00	\$1,017.00	\$1,052.00
Uniform Medical Plan Achieve 1	\$968.00	\$33.00	\$66.00	\$58.00	\$99.00	\$1,001.00	\$1,034.00	\$1,026.00	\$1,067.00
Uniform Medical Plan Achieve 2	\$968.00	\$98.00	\$196.00	\$172.00	\$294.00	\$1,066.00	\$1,164.00	\$1,140.00	\$1,262.00
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	\$68.00	\$136.00	\$119.00	\$204.00	\$1,036.00	\$1,104.00	\$1,087.00	\$1,172.00
Uniform Medical Plan Plus - UW	\$968.00	\$68.00	\$136.00	\$119.00	\$204.00	\$1,036.00	\$1,104.00	\$1,087.00	\$1,172.00

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