

Washington State Health Care Authority Public Employees Benefits Board

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August 18, 2022

TO: Personnel and Payroll Offices of All State Agencies, Four-Year Higher

Education Institutions, State Board for Community and Technical

Colleges, and Commodity Commissions

FROM: Amy Corrigan, Management Analyst 5

Outreach & Training Team

SUBJECT: Fiscal Year 2022-23 PEBB Program Rates – Composite

<u>Overview</u>

The monthly base rate of \$1,130 per eligible employee for health care contributions for fiscal year 2022-23 will remain unchanged until July 1, 2023.

Medical/Dental Insurance

Based on new contracts with the health plans, the revised employee contribution for medical coverage effective January 1, 2023, is attached.

PEBB Program Open Enrollment

The Public Employees Benefits Board (PEBB) Program annual open enrollment is November 1-30. In October, the PEBB Program will mail the *For Your Benefit* newsletter to the employee's address on record or will send it electronically to those who subscribe to the email subscription. This is the only notice the PEBB Program will send to employees about open enrollment. Information will be available on the <u>PEBB Program</u> website in October.

Premium Surcharges

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

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 PEBB 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 Uniform Medical Plan (UMP) Classic.

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

<u>Life, Accidental Death and Dismemberment (AD&D), and Long-Term Disability</u> (LTD) Insurance

Employee's 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 insurance and AD&D is attached.

Employee's supplemental LTD premiums will remain the same for the 2023 plan year.

The rate schedule for LTD is attached.

Additional Taxable Income for Non-Tax Qualified Dependents

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

Tables 1 and 2 provide monthly amounts for additional taxable income for non-tax qualified 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 PEBB Program open enrollment, or when a special open enrollment occurs, use Tables 3-7 to determine the amount of the employee contributions to withhold on a post-tax basis for 2023.

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

Attachments c: Kate LaBelle

Washington State Health Care Authority

2023 PEBB Rate Book

Composite Active Rates for STATE and HIGHER ED, and Commodity Commissions (for January through June 2023 only)

	tl	7/01/22 hrough 5/30/23		Employee Contributions CY 2023						Tot	al Base Ra	tes V	Vith Empl	-		tions	s: January -	
Plans	Ва	ise Rate	Su	bscriber		ubscriber d Spouse		ubscriber and hild(ren)		Full Family	Su	ıbscriber		bscriber I Spouse		bscriber and ild(ren)	Fu	ıll Family
Kaiser Permanente NW Classic	\$	1,130	\$	172	\$	354	\$	301	\$	483	\$	1,302	\$	1,484	\$	1,431	\$	1,613
Kaiser Permanente NW CDHP	\$	1,130	\$	25	\$	60	\$	44	\$	79	\$	1,155	\$	1,190	\$	1,174	\$	1,209
Kaiser Permanente WA Classic	\$	1,130	\$	167	\$	344	\$	292	\$	469	\$	1,297	\$	1,474	\$	1,422	\$	1,599
Kaiser Permanente WA Value	\$	1,130	\$	94	\$	198	\$	165	\$	269	\$	1,224	\$	1,328	\$	1,295	\$	1,399
Kaiser Permanente WA SoundChoice	\$	1,130	\$	46	\$	102	\$	81	\$	137	\$	1,176	\$	1,232	\$	1,211	\$	1,267
Kaiser Permanente WA CDHP	\$	1,130	\$	25	\$	60	\$	44	\$	79	\$	1,155	\$	1,190	\$	1,174	\$	1,209
Uniform Medical Plan Classic	\$	1,130	\$	135	\$	280	\$	236	\$	381	\$	1,265	\$	1,410	\$	1,366	\$	1,511
Uniform Medical Plan Plus - PSHVN	\$	1,130	\$	97	\$	204	\$	170	\$	277	\$	1,227	\$	1,334	\$	1,300	\$	1,407
Uniform Medical Plan Plus - UW	\$	1,130	\$	97	\$	204	\$	170	\$	277	\$	1,227	\$	1,334	\$	1,300	\$	1,407
Uniform Medical Plan CDHP	\$	1,130	\$	29	\$	68	\$	51	\$	90	\$	1,159	\$	1,198	\$	1,181	\$	1,220
Uniform Medical Plan Select	\$	1,130	\$	59	\$	128	\$	103	\$	172	\$	1,189	\$	1,258	\$	1,233	\$	1,302

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

Washington State Health Care Authority 2023 PEBB Rate Book

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

Employee Basic*	Monthly Cost:	\$3.955

Employee Supplemental									
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)									
Age		No	n-Smoker		Smoker				
<25		\$	0.030	\$	0.039				
25-29		\$	0.033	\$	0.046				
30-34		\$	0.036	\$	0.060				
35-39		\$	0.045	\$	0.069				
40-44		\$	0.067	\$	0.077				
45-49		\$	0.097	\$	0.117				
50-54		\$	0.151	\$	0.179				
55-59		\$	0.282	\$	0.334				
60-64		\$	0.432	\$	0.508				
65-69		\$	0.798	\$	0.978				
70+		\$	1.190	\$	1.589				

Spouse/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	\$	0.030	\$	0.039						
25-29	\$	0.033	\$	0.046						
30-34	\$	0.036	\$	0.060						
35-39	\$	0.045	\$	0.069						
40-44	\$	0.067	\$	0.077						
45-49	\$	0.097	\$	0.117						
50-54	\$	0.151	\$	0.179						
55-59	\$	0.282	\$	0.334						
60-64	\$	0.432	\$	0.508						
65-69	\$ 0.798 \$ 0.9									
70+	\$	1.190	\$	1.589						

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	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 \$ 0.0								

* Represents premium paid to Plan

For State Actives, Plan A Basic coverage is paid by the employer.

For Actives from Employer Groups, ESDs, and K-12 Districts Accepting the Full Benefits Package, the premium for Plan A Basic coverage is included in the rates for the selected medical plan.

Coverage is not provided to Actives from Employer Groups Accepting Medical Only Package.

Washington State Health Care Authority 2023 PEBB Rate Book

PEBB 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	TIAA/CREF or Higher Education Academic Retirement Plan Employees			r Retirement Plan oyees
Waiting Period	60% Benefit (default)	50% Benefit (buy-down)	60% Benefit (default)	50% Benefit (buy-down)
90 days 0.0059		0.0035	0.0047	0.0028

^{*} Represents premium paid to plan only.

For State Actives, Basic Plan coverage is funded by the state.

CWU and EWU included in higher-ed

Washington State Health Care Authority 2023 PEBB Rate Book

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical and Dental

2023 Monthly State Premium Contribution for Medical and Dental for Active Employees

Additional Taxable Income for Non-Tax Qualified Dependent Coverage

MEDICAL AND DENTAL PLAN	Partner*	S	ubscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$ 704.00	\$	548.00	\$ 1,252.00

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

DENTAL PLAN	Partner*	S	Subscriber's or Partner's Child(ren)*		Partner and Child(ren)*
All Dental Plans	\$ 49.00	\$	49.00	\$	98.00

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 Classic	\$ 172	\$	354	\$	301	\$	483
Kaiser Permanente NW CDHP	\$ 25	\$	60	\$	44	\$	79
Kaiser Permanente WA Classic	\$ 167	\$	344	\$	292	\$	469
Kaiser Permanente WA Value	\$ 94	\$	198	\$	165	\$	269
Kaiser Permanente WA SoundChoice	\$ 46	\$	102	\$	81	\$	137
Kaiser Permanente WA CDHP	\$ 25	\$	60	\$	44	\$	79
Uniform Medical Plan Classic	\$ 135	\$	280	\$	236	\$	381
Uniform Medical Plan Plus - PSHVN	\$ 97	\$	204	\$	170	\$	277
Uniform Medical Plan Plus - UW	\$ 97	\$	204	\$	170	\$	277
Uniform Medical Plan CDHP	\$ 29	\$	68	\$	51	\$	90
Uniform Medical Plan Select	\$ 59	\$	128	\$	103	\$	172

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

Plan Name		ubscriber id Spouse	Subscriber		Partner				
Kaiser Permanente NW Classic	\$	354	\$	172	\$	182			
Kaiser Permanente NW CDHP	\$	60	\$	25	\$	35			
Kaiser Permanente WA Classic	\$	344	\$	167	\$	177			
Kaiser Permanente WA Value	\$	198	\$	94	\$	104			
Kaiser Permanente WA SoundChoice	\$	102	\$	46	\$	56			
Kaiser Permanente WA CDHP	\$	60	\$	25	\$	35			
Uniform Medical Plan Classic	\$	280	\$	135	\$	145			
Uniform Medical Plan Plus - PSHVN	\$	204	\$	97	\$	107			
Uniform Medical Plan Plus - UW	\$	204	\$	97	\$	107			
Uniform Medical Plan CDHP	\$	68	\$	29	\$	39			
Uniform Medical Plan Select	\$	128	\$	59	\$	69			

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

Plan Name	Fu	Full Family		oscriber and Child(ren)	Partner		
Kaiser Permanente NW Classic	\$	483	\$	301	\$	182	
Kaiser Permanente NW CDHP	\$	79	\$	44	\$	35	
Kaiser Permanente WA Classic	\$	469	\$	292	\$	177	
Kaiser Permanente WA Value	\$	269	\$	165	\$	104	
Kaiser Permanente WA SoundChoice	\$	137	\$	81	\$	56	
Kaiser Permanente WA CDHP	\$	79	\$	44	\$	35	
Uniform Medical Plan Classic	\$	381	\$	236	\$	145	
Uniform Medical Plan Plus - PSHVN	\$	277	\$	170	\$	107	
Uniform Medical Plan Plus - UW	\$	277	\$	170	\$	107	
Uniform Medical Plan CDHP	\$	90	\$	51	\$	39	
Uniform Medical Plan Select	\$	172	\$	103	\$	69	

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 Classic	\$	483	\$ 172	\$	311
Kaiser Permanente NW CDHP	\$	79	\$ 25	\$	54
Kaiser Permanente WA Classic	\$	469	\$ 167	\$	302
Kaiser Permanente WA Value	\$	269	\$ 94	\$	175
Kaiser Permanente WA SoundChoice	\$	137	\$ 46	\$	91
Kaiser Permanente WA CDHP	\$	79	\$ 25	\$	54
Uniform Medical Plan Classic	\$	381	\$ 135	\$	246
Uniform Medical Plan Plus - PSHVN	\$	277	\$ 97	\$	180
Uniform Medical Plan Plus - UW	\$	277	\$ 97	\$	180
Uniform Medical Plan CDHP	\$	90	\$ 29	\$	61
Uniform Medical Plan Select	\$	172	\$ 59	\$	113

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 Classic	\$ 301	\$	172	\$	129	
Kaiser Permanente NW CDHP	\$ 44	\$	25	\$	19	
Kaiser Permanente WA Classic	\$ 292	\$	167	\$	125	
Kaiser Permanente WA Value	\$ 165	\$	94	\$	71	
Kaiser Permanente WA SoundChoice	\$ 81	\$	46	\$	35	
Kaiser Permanente WA CDHP	\$ 44	\$	25	\$	19	
Uniform Medical Plan Classic	\$ 236	\$	135	\$	101	
Uniform Medical Plan Plus - PSHVN	\$ 170	\$	97	\$	73	
Uniform Medical Plan Plus - UW	\$ 170	\$	97	\$	73	
Uniform Medical Plan CDHP	\$ 51	\$	29	\$	22	
Uniform Medical Plan Select	\$ 103	\$	59	\$	44	