



Washington State Health Care Authority  
*Public Employees Benefits Board*

P.O. Box 42684 • Olympia, Washington 98504-2684  
360-725-0440 • TTY 711 • FAX 360-725-0771 • [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)

August 25, 2023

TO: Personnel and Payroll Offices of Other PEBB Employer Groups (Health Benefit Exchange, blind vendors deemed eligible by the Department of Services for the Blind, and employee organizations representing state civil service employees)

FROM: Amy Corrigan, Management Analyst 5  
Outreach & Training Team

SUBJECT: Calendar Year 2024 Rates – Tiered - Full Benefits Package

### **Medical/Dental Insurance**

Based on new contracts with the health plans, the revised rates for medical and dental coverage effective January 1, 2024, are attached. As the employer, you determine the portion of the total premium your employees are required to pay.

### **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 employees at the address on record or will send it electronically to those who subscribe to email subscription. This is the only notice the PEBB Program will send to employees about open enrollment. Information will be available on the [PEBB Program website](#) in October.

Employees who make online plan changes using *My Account* will not see premium rates. Instead, a pop-up box will prompt them to contact their personnel or payroll office. To support their decisions and address the questions they may have, you may want to distribute information to your employees before the PEBB Program open enrollment starts regarding premiums they will be expected to pay in 2024.

### **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 insurance where

Employees who cover a spouse or state-registered domestic partner on their 2024 medical coverage may be required to attest to the spouse or state-registered domestic partner coverage premium surcharge during the PEBB Program 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 annual open enrollment.

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

Employee's supplemental life and AD&D insurance premiums will remain the same for the 2024 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 2024 plan year.

The rate schedule for LTD insurance is attached.

**Additional Taxable Income for Non-Tax Qualified Dependents**

If you have an IRS Section 125 Plan that allows employee premium dollars to be treated as a pre-tax deduction, a portion of the premium employers pay toward the family's coverage is considered taxable income to the employee if the employee has dependents enrolled who do not qualify as an IRS tax dependent. To assist you, we have included examples of how the state calculates these amounts for state agency personnel [Tables 1-7]. These tables **should only be used as a template** in developing calculations that are based on your employer contribution rate.

If you have questions about the rates, please contact me at [amy.corrigan@hca.wa.gov](mailto:amy.corrigan@hca.wa.gov).

Attachments  
c: Kate LaBelle

**Washington State Health Care Authority****2024 PEBB Rate Book**

Other Employer Groups - Health Benefit Exchange, blind vendors deemed eligible by Department of Service for the Blind, employee organizations representing state civil service employees

Active Tiered Rates for Full Benefits Package

Plan	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 1,190.32	\$ 2,223.54	\$ 1,965.24	\$ 2,998.46
Kaiser Permanente NW CDHP	\$ 1,058.86	\$ 1,959.26	\$ 1,748.74	\$ 2,590.81
Kaiser Permanente WA Classic	\$ 1,084.70	\$ 2,012.30	\$ 1,780.40	\$ 2,708.00
Kaiser Permanente WA Value	\$ 1,070.51	\$ 1,983.91	\$ 1,755.56	\$ 2,668.97
Kaiser Permanente WA SoundChoice	\$ 928.55	\$ 1,700.01	\$ 1,507.14	\$ 2,278.59
Kaiser Permanente WA CDHP	\$ 890.12	\$ 1,621.77	\$ 1,453.44	\$ 2,126.77
Uniform Medical Plan Classic	\$ 982.82	\$ 1,808.54	\$ 1,602.11	\$ 2,427.83
Uniform Medical Plan Plus - PSHVN	\$ 967.64	\$ 1,778.18	\$ 1,575.55	\$ 2,386.09
Uniform Medical Plan Plus - UW	\$ 967.64	\$ 1,778.18	\$ 1,575.55	\$ 2,386.09
Uniform Medical Plan CDHP	\$ 898.93	\$ 1,639.40	\$ 1,468.87	\$ 2,151.01
Uniform Medical Plan Select	\$ 917.75	\$ 1,678.41	\$ 1,488.24	\$ 2,248.90

Medical Waived	\$ 157.10	\$ 157.10	\$ 157.10	\$ 157.10
Medical & Dental Waived for SEBB Enrollment	\$ 76.07	\$ 76.07	\$ 76.07	\$ 76.07

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

**Washington State Health Care Authority**

**2024 PEBB Rate Book**

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

<b>Employee Basic*</b>	Monthly Cost:	\$3.955
------------------------	---------------	---------

<b>Employee Supplemental</b>		
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 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	\$0.978
70+	\$1.190	\$1.589

<b>Spouse/Registered Domestic Partner Life</b>		
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	\$0.978
70+	\$1.190	\$1.589

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

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

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

<b>Child AD&amp;D</b>	
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 State Actives, Plan A Basic coverage is paid by the employer.

For Actives from Employer Groups 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**

**2024 PEBB Rate Book**

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

<b>Basic Plan for Actives</b>	Monthly Cost*:	\$2.10
-------------------------------	----------------	--------

**Employee-paid**

<b>Waiting Period</b>	<b>TIAA/CREF or Higher Education Academic</b>		<b>TRS, PERS, &amp; other Retirement Plan</b>	
	<b>60% Benefit (default)</b>	<b>50% Benefit (buy-down)</b>	<b>60% Benefit (default)</b>	<b>50% Benefit (buy-down)</b>
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**

**2024 PEBB Rate Book**

Additional Taxable Income for Non-Tax Qualified Dependents

**Table 1: Employer Share Medical and Dental**

2024 Monthly State Premium Contribution for Medical and Dental for Active Employees

Additional Taxable Income for Non-Tax Qualified Dependent Coverage

<b>MEDICAL AND DENTAL PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
All Medical Plans	\$ 751	\$ 576	\$ 1,327

**Table 2: Employer Share Dental Only**

Sample chart for dental only enrollment-taxable amount for dependents

<b>DENTAL PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
All Dental Plans	\$ 49	\$ 49	\$ 98

\*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

**Table 3: Total Monthly Employee Contribution Owed for All Coverage (Pre-tax and post-tax combined)**

<b>Plan Name</b>	<b>Subscriber</b>	<b>Subscriber and Spouse</b>	<b>Subscriber and Child(ren)</b>	<b>Full Family</b>
Kaiser Permanente NW Classic	\$ 331	\$ 662	\$ 579	\$ 910
Kaiser Permanente NW CDHP	\$ 195	\$ 390	\$ 341	\$ 536
Kaiser Permanente WA Classic	\$ 226	\$ 452	\$ 396	\$ 622
Kaiser Permanente WA Value	\$ 211	\$ 422	\$ 369	\$ 580
Kaiser Permanente WA SoundChoice	\$ 69	\$ 138	\$ 121	\$ 190
Kaiser Permanente WA CDHP	\$ 26	\$ 52	\$ 46	\$ 72
Uniform Medical Plan Classic	\$ 124	\$ 248	\$ 217	\$ 341
Uniform Medical Plan Plus - PSHVN	\$ 109	\$ 218	\$ 191	\$ 300
Uniform Medical Plan Plus - UW	\$ 109	\$ 218	\$ 191	\$ 300
Uniform Medical Plan CDHP	\$ 35	\$ 70	\$ 61	\$ 96
Uniform Medical Plan Select	\$ 59	\$ 118	\$ 103	\$ 162

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW Classic	\$ 662	\$ 331	\$ 331
Kaiser Permanente NW CDHP	\$ 390	\$ 195	\$ 195
Kaiser Permanente WA Classic	\$ 452	\$ 226	\$ 226
Kaiser Permanente WA Value	\$ 422	\$ 211	\$ 211
Kaiser Permanente WA SoundChoice	\$ 138	\$ 69	\$ 69
Kaiser Permanente WA CDHP	\$ 52	\$ 26	\$ 26
Uniform Medical Plan Classic	\$ 248	\$ 124	\$ 124
Uniform Medical Plan Plus - PSHVN	\$ 218	\$ 109	\$ 109
Uniform Medical Plan Plus - UW	\$ 218	\$ 109	\$ 109
Uniform Medical Plan CDHP	\$ 70	\$ 35	\$ 35
Uniform Medical Plan Select	\$ 118	\$ 59	\$ 59

**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	\$ 910	\$ 331	\$ 579
Kaiser Permanente NW CDHP	\$ 536	\$ 195	\$ 341
Kaiser Permanente WA Classic	\$ 622	\$ 226	\$ 396
Kaiser Permanente WA Value	\$ 580	\$ 211	\$ 369
Kaiser Permanente WA SoundChoice	\$ 190	\$ 69	\$ 121
Kaiser Permanente WA CDHP	\$ 72	\$ 26	\$ 46
Uniform Medical Plan Classic	\$ 341	\$ 124	\$ 217
Uniform Medical Plan Plus - PSHVN	\$ 300	\$ 109	\$ 191
Uniform Medical Plan Plus - UW	\$ 300	\$ 109	\$ 191
Uniform Medical Plan CDHP	\$ 96	\$ 35	\$ 61
Uniform Medical Plan Select	\$ 162	\$ 59	\$ 103

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW Classic	\$ 910	\$ 579	\$ 331
Kaiser Permanente NW CDHP	\$ 536	\$ 341	\$ 195
Kaiser Permanente WA Classic	\$ 622	\$ 396	\$ 226
Kaiser Permanente WA Value	\$ 580	\$ 369	\$ 211
Kaiser Permanente WA SoundChoice	\$ 190	\$ 121	\$ 69
Kaiser Permanente WA CDHP	\$ 72	\$ 46	\$ 26
Uniform Medical Plan Classic	\$ 341	\$ 217	\$ 124
Uniform Medical Plan Plus - PSHVN	\$ 300	\$ 191	\$ 109
Uniform Medical Plan Plus - UW	\$ 300	\$ 191	\$ 109
Uniform Medical Plan CDHP	\$ 96	\$ 61	\$ 35
Uniform Medical Plan Select	\$ 162	\$ 103	\$ 59

**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	\$ 579	\$ 331	\$ 248
Kaiser Permanente NW CDHP	\$ 341	\$ 195	\$ 146
Kaiser Permanente WA Classic	\$ 396	\$ 226	\$ 170
Kaiser Permanente WA Value	\$ 369	\$ 211	\$ 158
Kaiser Permanente WA SoundChoice	\$ 121	\$ 69	\$ 52
Kaiser Permanente WA CDHP	\$ 46	\$ 26	\$ 20
Uniform Medical Plan Classic	\$ 217	\$ 124	\$ 93
Uniform Medical Plan Plus - PSHVN	\$ 191	\$ 109	\$ 82
Uniform Medical Plan Plus - UW	\$ 191	\$ 109	\$ 82
Uniform Medical Plan CDHP	\$ 61	\$ 35	\$ 26
Uniform Medical Plan Select	\$ 103	\$ 59	\$ 44