

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

Employer Groups (Counties, Municipalities, Political Subdivisions, and Tribal Governments)
Active Tiered Rates for Full Benefits Package & Medical Only Package Premium Rate Elements

Plans	Full Benefits Package - Non-Political Subdivision				Medical Only - Non-Political Subdivision			
	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	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	\$ 1,103.23	\$ 2,136.45	\$ 1,878.15	\$ 2,911.37
Kaiser Permanente NW CDHP	\$ 1,058.86	\$ 1,959.26	\$ 1,748.74	\$ 2,590.81	\$ 971.77	\$ 1,872.17	\$ 1,661.65	\$ 2,503.72
Kaiser Permanente WA Classic	\$ 1,084.70	\$ 2,012.30	\$ 1,780.40	\$ 2,708.00	\$ 997.61	\$ 1,925.21	\$ 1,693.31	\$ 2,620.91
Kaiser Permanente WA Value	\$ 1,070.51	\$ 1,983.91	\$ 1,755.56	\$ 2,668.97	\$ 983.42	\$ 1,896.82	\$ 1,668.47	\$ 2,581.88
Kaiser Permanente WA SoundChoice	\$ 928.55	\$ 1,700.01	\$ 1,507.14	\$ 2,278.59	\$ 841.46	\$ 1,612.92	\$ 1,420.05	\$ 2,191.50
Kaiser Permanente WA CDHP	\$ 890.12	\$ 1,621.77	\$ 1,453.44	\$ 2,126.77	\$ 803.03	\$ 1,534.68	\$ 1,366.35	\$ 2,039.68
Uniform Medical Plan Classic	\$ 982.82	\$ 1,808.54	\$ 1,602.11	\$ 2,427.83	\$ 895.73	\$ 1,721.45	\$ 1,515.02	\$ 2,340.74
Uniform Medical Plan Plus - PSHVN	\$ 967.64	\$ 1,778.18	\$ 1,575.55	\$ 2,386.09	\$ 880.55	\$ 1,691.09	\$ 1,488.46	\$ 2,299.00
Uniform Medical Plan Plus - UW	\$ 967.64	\$ 1,778.18	\$ 1,575.55	\$ 2,386.09	\$ 880.55	\$ 1,691.09	\$ 1,488.46	\$ 2,299.00
Uniform Medical Plan CDHP	\$ 898.93	\$ 1,639.40	\$ 1,468.87	\$ 2,151.01	\$ 811.84	\$ 1,552.31	\$ 1,381.78	\$ 2,063.92
Uniform Medical Plan Select	\$ 917.75	\$ 1,678.41	\$ 1,488.24	\$ 2,248.90	\$ 830.66	\$ 1,591.32	\$ 1,401.15	\$ 2,161.81

Medical Premium Rate Element	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 1,033.22	\$ 2,066.44	\$ 1,808.14	\$ 2,841.36	\$ 1,033.22	\$ 2,066.44	\$ 1,808.14	\$ 2,841.36
Kaiser Permanente NW CDHP	\$ 901.76	\$ 1,802.16	\$ 1,591.64	\$ 2,433.71	\$ 901.76	\$ 1,802.16	\$ 1,591.64	\$ 2,433.71
Kaiser Permanente WA Classic	\$ 927.60	\$ 1,855.20	\$ 1,623.30	\$ 2,550.90	\$ 927.60	\$ 1,855.20	\$ 1,623.30	\$ 2,550.90
Kaiser Permanente WA Value	\$ 913.41	\$ 1,826.81	\$ 1,598.46	\$ 2,511.87	\$ 913.41	\$ 1,826.81	\$ 1,598.46	\$ 2,511.87
Kaiser Permanente WA SoundChoice	\$ 771.45	\$ 1,542.91	\$ 1,350.04	\$ 2,121.49	\$ 771.45	\$ 1,542.91	\$ 1,350.04	\$ 2,121.49
Kaiser Permanente WA CDHP	\$ 733.02	\$ 1,464.67	\$ 1,296.34	\$ 1,969.67	\$ 733.02	\$ 1,464.67	\$ 1,296.34	\$ 1,969.67
Uniform Medical Plan Classic	\$ 825.72	\$ 1,651.44	\$ 1,445.01	\$ 2,270.73	\$ 825.72	\$ 1,651.44	\$ 1,445.01	\$ 2,270.73
Uniform Medical Plan Plus - PSHVN	\$ 810.54	\$ 1,621.08	\$ 1,418.45	\$ 2,228.99	\$ 810.54	\$ 1,621.08	\$ 1,418.45	\$ 2,228.99
Uniform Medical Plan Plus - UW	\$ 810.54	\$ 1,621.08	\$ 1,418.45	\$ 2,228.99	\$ 810.54	\$ 1,621.08	\$ 1,418.45	\$ 2,228.99
Uniform Medical Plan CDHP	\$ 741.83	\$ 1,482.30	\$ 1,311.77	\$ 1,993.91	\$ 741.83	\$ 1,482.30	\$ 1,311.77	\$ 1,993.91
Uniform Medical Plan Select	\$ 760.65	\$ 1,521.31	\$ 1,331.14	\$ 2,091.80	\$ 760.65	\$ 1,521.31	\$ 1,331.14	\$ 2,091.80

Premium Rate elements other than medical	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Tiered and Self-Pay Admin	\$ 5.96	\$ 5.96	\$ 5.96	\$ 5.96	\$ 5.96	\$ 5.96	\$ 5.96	\$ 5.96
Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96				
LTD	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10				
Dental	\$ 81.03	\$ 81.03	\$ 81.03	\$ 81.03				
Retiree Subsidy Charged	\$ 64.05	\$ 64.05	\$ 64.05	\$ 64.05	\$ 64.05	\$ 64.05	\$ 64.05	\$ 64.05
Total with Medical Waived	\$ 157.10	\$ 157.10	\$ 157.10	\$ 157.10	\$ 70.01	\$ 70.01	\$ 70.01	\$ 70.01

Surcharges	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Tobacco Use Surcharge	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
Spouse Waiver (AV) Surcharge	\$ -	\$ 50.00	\$ -	\$ 50.00	\$ -	\$ 50.00	\$ -	\$ 50.00

These rates **do not** include the employer group rate surcharge authorized by RCW 41.05.050(2) (as amended by SB6475 (2016)), which for 2024 are \$12 for a single subscriber, \$24 for a subscriber and spouse, \$21 for subscriber and child(ren), and \$33 for full family coverage including the offset from the employer group rate surcharge to the non-political subdivision rates.