



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

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: Fiscal Year 2023-24 Program Rates – Composite

Overview

The monthly base rate of \$1,145 per eligible employee for health care contributions for fiscal year 2023-24 will remain unchanged until July 1, 2024.

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 Annual 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 the 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 an online plan change using *My Account* will not see a premium rate. 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 are expected to pay for 2024.

Premium Surcharges

The tobacco use premium surcharge will remain at \$25 per month per account in addition to the monthly 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 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 2024 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 notify the employees of the 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 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 these rates, please contact me at amy.corrigan@hca.wa.gov

Attachments
c: Kate LaBelle

Washington State Health Care Authority

2024 PEBB Rate Book

Composite Active Rates for the Other 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) (for January through June 2024 only)

	07/01/23 through 06/30/24	Total Premium: January - June 2024			
Plans	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 1,145	\$ 1,476	\$ 1,807	\$ 1,724	\$ 2,055
Kaiser Permanente NW CDHP	\$ 1,145	\$ 1,340	\$ 1,535	\$ 1,486	\$ 1,681
Kaiser Permanente WA Classic	\$ 1,145	\$ 1,371	\$ 1,597	\$ 1,541	\$ 1,767
Kaiser Permanente WA Value	\$ 1,145	\$ 1,356	\$ 1,567	\$ 1,514	\$ 1,725
Kaiser Permanente WA SoundChoice	\$ 1,145	\$ 1,214	\$ 1,283	\$ 1,266	\$ 1,335
Kaiser Permanente WA CDHP	\$ 1,145	\$ 1,171	\$ 1,197	\$ 1,191	\$ 1,217
Uniform Medical Plan Classic	\$ 1,145	\$ 1,269	\$ 1,393	\$ 1,362	\$ 1,486
Uniform Medical Plan Plus - PSHVN	\$ 1,145	\$ 1,254	\$ 1,363	\$ 1,336	\$ 1,445
Uniform Medical Plan Plus - UW	\$ 1,145	\$ 1,254	\$ 1,363	\$ 1,336	\$ 1,445
Uniform Medical Plan CDHP	\$ 1,145	\$ 1,180	\$ 1,215	\$ 1,206	\$ 1,241
Uniform Medical Plan Select	\$ 1,145	\$ 1,204	\$ 1,263	\$ 1,248	\$ 1,307

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

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

Employee Basic*	Monthly Cost:	\$3.955
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Employee Supplemental		
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

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	\$0.978
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	\$0.019

Child AD&D	
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.

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2024 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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Employee-paid

Waiting Period	TIAA/CREF or Higher Education Academic		TRS, PERS, & other Retirement Plan	
	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

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

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

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

DENTAL PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
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)

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
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