



Washington State Health Care Authority  
*Public Employees Benefits Board*  
PO Box 42684 • Olympia, Washington 98504-2684  
[www.hca.wa.gov/employee-retiree-benefits/public-employees](http://www.hca.wa.gov/employee-retiree-benefits/public-employees)

June 11, 2025

TO: All State Agencies, Four-Year Higher Education Institutions, Community and Technical Colleges, and Commodity Commissions

FROM: Jamie Coleman  
ERB Outreach & Training

SUBJECT: Fiscal Year (FY) 2025-26 PEBB Program Rates—Composite

**Beginning July 1, 2025, your employer base rate will be \$1,333 per employee per month.** These rates were established in ESSB 5167, passed during the 69th Legislature's 2025 Regular Session, which outlines funding levels for public employee benefits and cover benefits administered by the Health Care Authority (HCA) through the Public Employees Benefits Board (PEBB) Program.

This change does not impact employers on "tiered rates" (rates that vary based on employee enrollment tier), the employer group rate surcharge, or PEBB Continuation Coverage (COBRA and unpaid leave) rates, which remain the same until January 1, 2026, when the new plan year begins. You will receive notification of the 2026 rates in the fall, prior to the PEBB Program open enrollment.

In addition to the employee medical plan premium, employees may be subject to the following monthly surcharges:

- \$25 per account for tobacco use
- \$50 for spouse or state-registered domestic partner coverage

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. Employee contributions will automatically be added to your billed rate, based on the selected medical plan and any applicable surcharges. For details on how these amounts are calculated, please refer to the PEBB Program rate table below. You are responsible for collecting employee contributions and applicable premium surcharges and sending the total billed amount to the HCA.

If you have questions, please contact me at [jamie.coleman@hca.wa.gov](mailto:jamie.coleman@hca.wa.gov).

	07/01/25 through 12/31/25	Employee Contributions: CY 2025				Total Base Rates With Employee Contributions: July - December 2025			
Plans	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 Classic	\$ 1,333	\$ 189	\$ 378	\$ 331	\$ 520	\$ 1,522	\$ 1,711	\$ 1,664	\$ 1,853
Kaiser Permanente NW CDHP	\$ 1,333	\$ 37	\$ 74	\$ 65	\$ 102	\$ 1,370	\$ 1,407	\$ 1,398	\$ 1,435
Kaiser Permanente WA Classic	\$ 1,333	\$ 128	\$ 256	\$ 224	\$ 352	\$ 1,461	\$ 1,589	\$ 1,557	\$ 1,685
Kaiser Permanente WA Value	\$ 1,333	\$ 119	\$ 238	\$ 208	\$ 327	\$ 1,452	\$ 1,571	\$ 1,541	\$ 1,660
Kaiser Permanente WA SoundChoice	\$ 1,333	\$ 73	\$ 146	\$ 128	\$ 201	\$ 1,406	\$ 1,479	\$ 1,461	\$ 1,534
Kaiser Permanente WA CDHP	\$ 1,333	\$ 25	\$ 50	\$ 44	\$ 69	\$ 1,358	\$ 1,383	\$ 1,377	\$ 1,402
Uniform Medical Plan Classic	\$ 1,333	\$ 133	\$ 266	\$ 233	\$ 366	\$ 1,466	\$ 1,599	\$ 1,566	\$ 1,699
Uniform Medical Plan Plus - PSHVN	\$ 1,333	\$ 158	\$ 316	\$ 277	\$ 435	\$ 1,491	\$ 1,649	\$ 1,610	\$ 1,768
Uniform Medical Plan Plus - UW	\$ 1,333	\$ 158	\$ 316	\$ 277	\$ 435	\$ 1,491	\$ 1,649	\$ 1,610	\$ 1,768
Uniform Medical Plan CDHP	\$ 1,333	\$ 46	\$ 92	\$ 81	\$ 127	\$ 1,379	\$ 1,425	\$ 1,414	\$ 1,460
Uniform Medical Plan Select	\$ 1,333	\$ 83	\$ 166	\$ 145	\$ 228	\$ 1,416	\$ 1,499	\$ 1,478	\$ 1,561

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