



Washington State Health Care Authority
School Employees Benefits Board
P.O. Box 42720 • Olympia, Washington 98504-2720
www.hca.wa.gov/sebb

August 30, 2023

To: Payroll and Benefits Offices of Tribal Schools and employee organizations representing school employees

From: Amy Corrigan, Management Analyst 5
Outreach and Training

Subject: SEBB Program Rates – Tiered – Full Benefits Package

Medical, vision, and dental insurance

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

Employer Groups Rate Surcharge

Senate Bill 5275 requires participating tribal schools and employee organizations representing school employees incur an employer group rate surcharge. The employer group rate surcharge is applied to the monthly rate. For the first year, the employer group rate surcharge will be \$0.

Premium surcharges

Employee must attest to the tobacco use premium surcharge for themselves and each of their dependents, age 13 or older, enrolled in SEBB medical. Employees who do not attest will be charged the \$25 per month premium surcharge in addition to their medical premium.

The tobacco use premium surcharge is \$25 per month, regardless of the number of tobacco users enrolled on the account, in addition to the monthly medical premium.

The spouse or state-registered domestic partner coverage premium surcharge is \$50 per month in addition to the monthly medical premium. It applies to subscribers who cover a spouse or state-registered domestic partner in SEBB medical coverage who choose not to enroll in their own employer-based group health insurance that is comparable to the Public Employees Benefits Board (PEBB) Program Uniform Medical Plan (UMP) Classic.

Employees who cover a spouse or state-registered domestic partner on their medical coverage must attest to this premium surcharge. Employees who do not attest will be charged the \$50 monthly premium surcharge in addition to their monthly medical premium.

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

Basic life and AD&D insurance are employer-paid. Employees pay for supplemental life and AD&D for themselves and family members. The rates are attached.

Basic LTD is employer paid. Employees will be automatically defaulted into the 60% employee-paid LTD with a 90-day waiting period. The employee has the option to reduce the benefit to 50% or decline the benefit. The rates are attached.

Additional taxable income for non-qualified tax 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.

Attachments

C. Kate LaBelle

Washington State Health Care Authority
2024 SEBB Rate Book

Employee organizations groups representing school employees and Tribal School Employees,
Tiered rates; full package (medical, dental, vision, life, LTD, admin, retiree charge, and employer group surcharge)

Plan	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$ 906.42	\$ 1,619.51	\$ 1,441.24	\$ 2,332.60
Kaiser Permanente NW 2	\$ 944.62	\$ 1,695.91	\$ 1,508.09	\$ 2,447.20
Kaiser Permanente NW 3	\$ 1,035.80	\$ 1,878.27	\$ 1,667.65	\$ 2,720.74
Kaiser Permanente WA Core 1	\$ 887.56	\$ 1,581.79	\$ 1,408.23	\$ 2,276.02
Kaiser Permanente WA Core 2	\$ 937.45	\$ 1,681.57	\$ 1,495.54	\$ 2,425.69
Kaiser Permanente WA Core 3	\$ 987.84	\$ 1,782.35	\$ 1,583.72	\$ 2,576.86
Kaiser Permanente WA SoundChoice	\$ 954.01	\$ 1,714.69	\$ 1,524.52	\$ 2,475.37
Kaiser Permanente WA Summit 1	\$ 938.98	\$ 1,684.63	\$ 1,498.22	\$ 2,430.28
Kaiser Permanente WA Summit 2	\$ 982.42	\$ 1,771.50	\$ 1,574.23	\$ 2,560.59
Kaiser Permanente WA Summit 3	\$ 1,076.40	\$ 1,959.47	\$ 1,738.70	\$ 2,842.54
Premera Blue Cross High PPO	\$ 954.18	\$ 1,715.04	\$ 1,524.82	\$ 2,475.89
Premera Blue Cross Standard PPO	\$ 903.54	\$ 1,613.75	\$ 1,436.20	\$ 2,323.96
Premera Blue Cross HMO	\$ 859.78	\$ 1,526.23	\$ 1,359.62	\$ 2,192.68
Uniform Medical Plan Achieve 1	\$ 882.97	\$ 1,572.61	\$ 1,400.20	\$ 2,262.25
Uniform Medical Plan Achieve 2	\$ 952.75	\$ 1,712.17	\$ 1,522.32	\$ 2,471.59
Uniform Medical Plan High Deductible	\$ 865.46	\$ 1,537.39	\$ 1,377.22	\$ 2,178.07
Uniform Medical Plan Plus - PSHVN	\$ 925.66	\$ 1,657.99	\$ 1,474.91	\$ 2,390.32
Uniform Medical Plan Plus - UW	\$ 925.66	\$ 1,657.99	\$ 1,474.91	\$ 2,390.32

Medical Waived	\$ 193.33	\$ 193.33	\$ 193.33	\$ 193.33
Medical, Dental & Vision Waived for PEBB Enrollment	\$ 88.63	\$ 88.63	\$ 88.63	\$ 88.63

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

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

SEBB 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	\$0.038	\$0.050
25-29	\$0.042	\$0.060
30-34	\$0.046	\$0.080
35-39	\$0.058	\$0.090
40-44	\$0.088	\$0.100
45-49	\$0.128	\$0.150
50-54	\$0.188	\$0.230
55-59	\$0.346	\$0.400
60-64	\$0.534	\$0.630
65-69	\$0.962	\$1.220
70+	\$1.438	\$1.988

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/State 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	\$0.038	\$0.050
25-29	\$0.042	\$0.060
30-34	\$0.046	\$0.080
35-39	\$0.058	\$0.090
40-44	\$0.088	\$0.100
45-49	\$0.128	\$0.150
50-54	\$0.188	\$0.230
55-59	\$0.346	\$0.400
60-64	\$0.534	\$0.630
65-69	\$0.962	\$1.220
70+	\$1.438	\$1.988

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 K12 Actives and 6E, Plan A Basic coverage is paid by the employer.

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

SEBB 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 plan

Rate		
Age	60% Benefit (default)	50% Benefit (buy-down)
< 30	0.0011	0.0007
30-34	0.0015	0.0009
35-39	0.0023	0.0014
40-44	0.0032	0.0019
45-49	0.0044	0.0026
50-54	0.0060	0.0036
55-59	0.0072	0.0044
60-64	0.0075	0.0045
65+	0.0076	0.0046

* Represents premium paid to plan only.

Notes:

- For K12 Actives, Basic Plan coverage is paid by the employer
- Based on age as of January 1st each year

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

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical, Dental, and Vision

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

Additional Taxable Income for Non-Tax Qualified Dependent Coverage

MEDICAL, DENTAL, AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$ 706	\$ 543	\$ 1,412

Table 2: Employer Share Dental and Vision Only

Sample chart for dental and vision only enrollment-taxable amount for dependents

DENTAL AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Dental Plans	\$ 52	\$ 52	\$ 104
All Vision Plans	\$ 8	\$ 6	\$ 16

Notes:

- The default dental plan (UDP) is used for the purpose of this calculation
- The default vision plan (MetLife) is used for the purpose of this calculation

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 1	\$ 67	\$ 134	\$ 117	\$ 201
Kaiser Permanente NW 2	\$ 105	\$ 210	\$ 184	\$ 315
Kaiser Permanente NW 3	\$ 196	\$ 392	\$ 343	\$ 588
Kaiser Permanente WA Core 1	\$ 48	\$ 96	\$ 84	\$ 144
Kaiser Permanente WA Core 2	\$ 98	\$ 196	\$ 172	\$ 294
Kaiser Permanente WA Core 3	\$ 149	\$ 298	\$ 261	\$ 447
Kaiser Permanente WA SoundChoice	\$ 115	\$ 230	\$ 201	\$ 345
Kaiser Permanente WA Summit 1	\$ 100	\$ 200	\$ 175	\$ 300
Kaiser Permanente WA Summit 2	\$ 143	\$ 286	\$ 250	\$ 429
Kaiser Permanente WA Summit 3	\$ 237	\$ 474	\$ 415	\$ 711
Premera Blue Cross High PPO	\$ 115	\$ 230	\$ 201	\$ 345
Premera Blue Cross Standard PPO	\$ 64	\$ 128	\$ 112	\$ 192
Premera Blue Cross HMO	\$ 20	\$ 40	\$ 35	\$ 60
Uniform Medical Plan Achieve 1	\$ 44	\$ 88	\$ 77	\$ 132
Uniform Medical Plan Achieve 2	\$ 113	\$ 226	\$ 198	\$ 339
Uniform Medical Plan High Deductible	\$ 21	\$ 42	\$ 37	\$ 63
Uniform Medical Plan Plus - PSHVN	\$ 86	\$ 172	\$ 151	\$ 258
Uniform Medical Plan Plus - UW	\$ 86	\$ 172	\$ 151	\$ 258

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

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW 1	\$ 134	\$ 67	\$ 67
Kaiser Permanente NW 2	\$ 210	\$ 105	\$ 105
Kaiser Permanente NW 3	\$ 392	\$ 196	\$ 196
Kaiser Permanente WA Core 1	\$ 96	\$ 48	\$ 48
Kaiser Permanente WA Core 2	\$ 196	\$ 98	\$ 98
Kaiser Permanente WA Core 3	\$ 298	\$ 149	\$ 149
Kaiser Permanente WA SoundChoice	\$ 230	\$ 115	\$ 115
Kaiser Permanente WA Summit 1	\$ 200	\$ 100	\$ 100
Kaiser Permanente WA Summit 2	\$ 286	\$ 143	\$ 143
Kaiser Permanente WA Summit 3	\$ 474	\$ 237	\$ 237
Premera Blue Cross High PPO	\$ 230	\$ 115	\$ 115
Premera Blue Cross Standard PPO	\$ 128	\$ 64	\$ 64
Premera Blue Cross HMO	\$ 40	\$ 20	\$ 20
Uniform Medical Plan Achieve 1	\$ 88	\$ 44	\$ 44
Uniform Medical Plan Achieve 2	\$ 226	\$ 113	\$ 113
Uniform Medical Plan High Deductible	\$ 42	\$ 21	\$ 21
Uniform Medical Plan Plus - PSHVN	\$ 172	\$ 86	\$ 86
Uniform Medical Plan Plus - UW	\$ 172	\$ 86	\$ 86

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW 1	\$ 201	\$ 117	\$ 84
Kaiser Permanente NW 2	\$ 315	\$ 184	\$ 131
Kaiser Permanente NW 3	\$ 588	\$ 343	\$ 245
Kaiser Permanente WA Core 1	\$ 144	\$ 84	\$ 60
Kaiser Permanente WA Core 2	\$ 294	\$ 172	\$ 122
Kaiser Permanente WA Core 3	\$ 447	\$ 261	\$ 186
Kaiser Permanente WA SoundChoice	\$ 345	\$ 201	\$ 144
Kaiser Permanente WA Summit 1	\$ 300	\$ 175	\$ 125
Kaiser Permanente WA Summit 2	\$ 429	\$ 250	\$ 179
Kaiser Permanente WA Summit 3	\$ 711	\$ 415	\$ 296
Premera Blue Cross High PPO	\$ 345	\$ 201	\$ 144
Premera Blue Cross Standard PPO	\$ 192	\$ 112	\$ 80
Premera Blue Cross HMO	\$ 60	\$ 35	\$ 25
Uniform Medical Plan Achieve 1	\$ 132	\$ 77	\$ 55
Uniform Medical Plan Achieve 2	\$ 339	\$ 198	\$ 141
Uniform Medical Plan High Deductible	\$ 63	\$ 37	\$ 26
Uniform Medical Plan Plus - PSHVN	\$ 258	\$ 151	\$ 107
Uniform Medical Plan Plus - UW	\$ 258	\$ 151	\$ 107

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 1	\$ 201	\$ 67	\$ 134
Kaiser Permanente NW 2	\$ 315	\$ 105	\$ 210
Kaiser Permanente NW 3	\$ 588	\$ 196	\$ 392
Kaiser Permanente WA Core 1	\$ 144	\$ 48	\$ 96
Kaiser Permanente WA Core 2	\$ 294	\$ 98	\$ 196
Kaiser Permanente WA Core 3	\$ 447	\$ 149	\$ 298
Kaiser Permanente WA SoundChoice	\$ 345	\$ 115	\$ 230
Kaiser Permanente WA Summit 1	\$ 300	\$ 100	\$ 200
Kaiser Permanente WA Summit 2	\$ 429	\$ 143	\$ 286
Kaiser Permanente WA Summit 3	\$ 711	\$ 237	\$ 474
Premera Blue Cross High PPO	\$ 345	\$ 115	\$ 230
Premera Blue Cross Standard PPO	\$ 192	\$ 64	\$ 128
Premera Blue Cross HMO	\$ 60	\$ 20	\$ 40
Uniform Medical Plan Achieve 1	\$ 132	\$ 44	\$ 88
Uniform Medical Plan Achieve 2	\$ 339	\$ 113	\$ 226
Uniform Medical Plan High Deductible	\$ 63	\$ 21	\$ 42
Uniform Medical Plan Plus - PSHVN	\$ 258	\$ 86	\$ 172
Uniform Medical Plan Plus - UW	\$ 258	\$ 86	\$ 172

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 1	\$ 117	\$ 67	\$ 50
Kaiser Permanente NW 2	\$ 184	\$ 105	\$ 79
Kaiser Permanente NW 3	\$ 343	\$ 196	\$ 147
Kaiser Permanente WA Core 1	\$ 84	\$ 48	\$ 36
Kaiser Permanente WA Core 2	\$ 172	\$ 98	\$ 74
Kaiser Permanente WA Core 3	\$ 261	\$ 149	\$ 112
Kaiser Permanente WA SoundChoice	\$ 201	\$ 115	\$ 86
Kaiser Permanente WA Summit 1	\$ 175	\$ 100	\$ 75
Kaiser Permanente WA Summit 2	\$ 250	\$ 143	\$ 107
Kaiser Permanente WA Summit 3	\$ 415	\$ 237	\$ 178
Premera Blue Cross High PPO	\$ 201	\$ 115	\$ 86
Premera Blue Cross Standard PPO	\$ 112	\$ 64	\$ 48
Premera Blue Cross HMO	\$ 35	\$ 20	\$ 15
Uniform Medical Plan Achieve 1	\$ 77	\$ 44	\$ 33
Uniform Medical Plan Achieve 2	\$ 198	\$ 113	\$ 85
Uniform Medical Plan High Deductible	\$ 37	\$ 21	\$ 16
Uniform Medical Plan Plus - PSHVN	\$ 151	\$ 86	\$ 65
Uniform Medical Plan Plus - UW	\$ 151	\$ 86	\$ 65