



Washington State Health Care Authority  
*School Employees Benefits Board*  
P.O. Box 42720 • Olympia, Washington 98504-2720  
[www.hca.wa.gov/sebb](http://www.hca.wa.gov/sebb)

August 30, 2023

To: Payroll and Benefits Offices of K-12 School Districts, Charter Schools, and Educational Service Districts

From: Amy Corrigan, Management Analyst 5  
Outreach and Training

Subject: SEBB Program Rates – Effective January 1, 2024

### Overview

The monthly base rate (employer contribution) of \$1,100 per eligible employee for health care contributions will remain unchanged until August 31, 2024. This is the amount due to the Health Care Authority (HCA) even if an employee chooses to waive medical coverage. Employees may only waive SEBB medical, dental, and vision coverage if enrolled in PEBB medical and dental as a subscriber or a dependent.

### Medical, dental, and vision insurance

Monthly premiums for the employee contribution for medical coverage effective January 1, 2024, are attached. Dental and vision coverage are employer-paid and are included in the employer contribution; there are no monthly employee premiums for dental or vision coverage.

The base rate breakout does not represent the actual cost of providing benefits to employees during the calendar year. The amounts shown below break out the base rate, which may vary from actual costs.

January 1, 2024 through August 31, 2024	
Benefit	Base Rate Breakout
Net medical and admin fees	\$989.24
Dental	\$92.17
Vision	\$12.53
Life	\$3.96
Long-term Disability	\$2.10
<b>Total base rate</b>	<b>\$1,100</b>

### SEBB Program annual open enrollment

The School Employees Benefits Board (SEBB) Program's annual open enrollment is October 30 through November 20, 2023, 11:59 p.m. In October, the SEBB Program will mail the *Intercom* newsletter to employees at the address we have on record or will send it electronically to those who subscribed to the email subscription. This is the only notice the SEBB Program will send to employees about the SEBB annual open enrollment. Information will also be available on the [SEBB Program](#) website in October.

## **Premium surcharges**

The tobacco use premium surcharge will remain at \$25 per account 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 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 SEBB medical coverage 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 Public Employees Benefits Board (PEBB) Program Uniform Medical Plan (UMP) Classic.

Employees who cover a spouse or state-registered domestic partner on their 2024 medical coverage may have to re-attest to this premium surcharge during the SEBB Program annual open enrollment. In October, the SEBB Program will mail a letter to employees who need to attest. Employees can also find whether they need to re-attest in SEBB My Account during the annual open enrollment.

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

Employee 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 and AD&D is attached.

Employee supplemental LTD premiums will remain the same for 2024.

The rate schedule for LTD is attached.

## **Additional taxable income for non-qualified tax dependents**

Certain individuals may not qualify under IRS regulations as dependents, so the pre-tax deduction of premiums from taxable income is not appropriate. Tax tables are attached to assist you in determining additional taxable income that should be assigned to employees if the employee's contributions are made for a non-qualified tax dependent.

Tables 1 and 2 provide monthly amounts for additional taxable income for non-qualified tax dependents for 2024. Tables 3-7 provide monthly payroll employee contributions (deductions for non-tax qualified dependents). If a dependent is a non-qualified tax dependent or is allowed late enrollment outside of the SEBB Program annual open enrollment, or when a special open enrollment occurs, use Tables 3-7 to determine the amount of the employee contribution to withhold on a post-tax basis for 2024.

Employees are required to complete the *SEBB Declaration of Tax Status* form when enrolling an individual on their SEBB Program insurance coverage who does not qualify as a dependent for tax purposes (e.g., a state-registered domestic partner or their eligible children).

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 SEBB Rate Book**

Invoicing Rates for K12 Active with Surcharges (for January through August 2024 only)

	09/01/23 through 08/30/24	Employee Contributions: CY 2024				Total Base Rates With Employee Contributions: January - August 2024			
Plan	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 1	\$ 1,100	\$ 67	\$ 134	\$ 117	\$ 201	\$ 1,167	\$ 1,234	\$ 1,217	\$ 1,301
Kaiser Permanente NW 2	\$ 1,100	\$ 105	\$ 210	\$ 184	\$ 315	\$ 1,205	\$ 1,310	\$ 1,284	\$ 1,415
Kaiser Permanente NW 3	\$ 1,100	\$ 196	\$ 392	\$ 343	\$ 588	\$ 1,296	\$ 1,492	\$ 1,443	\$ 1,688
Kaiser Permanente WA Core 1	\$ 1,100	\$ 48	\$ 96	\$ 84	\$ 144	\$ 1,148	\$ 1,196	\$ 1,184	\$ 1,244
Kaiser Permanente WA Core 2	\$ 1,100	\$ 98	\$ 196	\$ 172	\$ 294	\$ 1,198	\$ 1,296	\$ 1,272	\$ 1,394
Kaiser Permanente WA Core 3	\$ 1,100	\$ 149	\$ 298	\$ 261	\$ 447	\$ 1,249	\$ 1,398	\$ 1,361	\$ 1,547
Kaiser Permanente WA SoundChoice	\$ 1,100	\$ 115	\$ 230	\$ 201	\$ 345	\$ 1,215	\$ 1,330	\$ 1,301	\$ 1,445
Kaiser Permanente WA Summit 1	\$ 1,100	\$ 100	\$ 200	\$ 175	\$ 300	\$ 1,200	\$ 1,300	\$ 1,275	\$ 1,400
Kaiser Permanente WA Summit 2	\$ 1,100	\$ 143	\$ 286	\$ 250	\$ 429	\$ 1,243	\$ 1,386	\$ 1,350	\$ 1,529
Kaiser Permanente WA Summit 3	\$ 1,100	\$ 237	\$ 474	\$ 415	\$ 711	\$ 1,337	\$ 1,574	\$ 1,515	\$ 1,811
Premera Blue Cross High PPO	\$ 1,100	\$ 115	\$ 230	\$ 201	\$ 345	\$ 1,215	\$ 1,330	\$ 1,301	\$ 1,445
Premera Blue Cross Standard PPO	\$ 1,100	\$ 64	\$ 128	\$ 112	\$ 192	\$ 1,164	\$ 1,228	\$ 1,212	\$ 1,292
Premera Blue Cross HMO	\$ 1,100	\$ 20	\$ 40	\$ 35	\$ 60	\$ 1,120	\$ 1,140	\$ 1,135	\$ 1,160
Uniform Medical Plan Achieve 1	\$ 1,100	\$ 44	\$ 88	\$ 77	\$ 132	\$ 1,144	\$ 1,188	\$ 1,177	\$ 1,232
Uniform Medical Plan Achieve 2	\$ 1,100	\$ 113	\$ 226	\$ 198	\$ 339	\$ 1,213	\$ 1,326	\$ 1,298	\$ 1,439
Uniform Medical Plan High Deductible	\$ 1,100	\$ 21	\$ 42	\$ 37	\$ 63	\$ 1,121	\$ 1,142	\$ 1,137	\$ 1,163
Uniform Medical Plan Plus - PSHVN	\$ 1,100	\$ 86	\$ 172	\$ 151	\$ 258	\$ 1,186	\$ 1,272	\$ 1,251	\$ 1,358
Uniform Medical Plan Plus - UW	\$ 1,100	\$ 86	\$ 172	\$ 151	\$ 258	\$ 1,186	\$ 1,272	\$ 1,251	\$ 1,358

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

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

SEBB Life and AD&amp;D Rates Paid to Plan and Charged to Subscribers

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

<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/State 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	\$0.038	\$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

<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 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

<b>Basic Plan for Actives</b>	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

<b>MEDICAL, DENTAL, AND VISION PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
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

<b>DENTAL AND VISION PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
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)**

<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 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