



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

August 8, 2025

TO: All SEBB Organizations

FROM: Jamie Coleman
ERB Outreach and Training

SUBJECT: SEBB Program Rates for the K-12 School Districts, Charter Schools, and represented employees of Educational Service Districts

Starting September 1, 2025 (for the 2025–26 school year), the monthly employer base rate will be \$1,307 per eligible employee. This rate was established by ESSB 5167 (69th Legislature, 2025 Regular Session) and provides funding for employee health care benefits administered by the School Employees' Benefits Board (SEBB) Program through the Health Care Authority (HCA).

Employee premium contributions and SEBB Continuation Coverage (COBRA and unpaid leave) rates will stay the same until January 2026, when the new plan year starts. Updated 2026 rates will be shared in the fall, before open enrollment.

In addition to the medical premium, employees may have to pay a tobacco use surcharge and/or a spouse or state registered domestic partner surcharge.

[Premium surcharges | Washington State Health Care Authority](#)

Reminder: Employers must pay the full base rate for all eligible employees, even if they waive medical, dental, and vision coverage, or choose to enroll in PEBB coverage instead.

If you have questions, please contact me at jamie.coleman@hca.wa.gov.

Washington State Health Care Authority
2025 SEBB Rate Book

Invoicing Rates for K12 Active with Surcharges (for September through December 2025)

	September 2025 through August 2026	Employee Contributions: CY 2025				Total Base Rates With Employee Contributions: September through December 2025			
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	\$1,307.00	\$63.00	\$126.00	\$110.00	\$189.00	\$1,370.00	\$1,433.00	\$1,417.00	\$1,496.00
Kaiser Permanente NW 2	\$1,307.00	\$98.00	\$196.00	\$172.00	\$294.00	\$1,405.00	\$1,503.00	\$1,479.00	\$1,601.00
Kaiser Permanente NW 3	\$1,307.00	\$265.00	\$530.00	\$464.00	\$795.00	\$1,572.00	\$1,837.00	\$1,771.00	\$2,102.00
Kaiser Permanente WA Core 1	\$1,307.00	\$23.00	\$46.00	\$40.00	\$69.00	\$1,330.00	\$1,353.00	\$1,347.00	\$1,376.00
Kaiser Permanente WA Core 2	\$1,307.00	\$55.00	\$110.00	\$96.00	\$165.00	\$1,362.00	\$1,417.00	\$1,403.00	\$1,472.00
Kaiser Permanente WA Core 3	\$1,307.00	\$208.00	\$416.00	\$364.00	\$624.00	\$1,515.00	\$1,723.00	\$1,671.00	\$1,931.00
Kaiser Permanente WA SoundChoice	\$1,307.00	\$122.00	\$244.00	\$214.00	\$366.00	\$1,429.00	\$1,551.00	\$1,521.00	\$1,673.00
Kaiser Permanente WA Summit 1	\$1,307.00	\$40.00	\$80.00	\$70.00	\$120.00	\$1,347.00	\$1,387.00	\$1,377.00	\$1,427.00
Kaiser Permanente WA Summit 2	\$1,307.00	\$114.00	\$228.00	\$200.00	\$342.00	\$1,421.00	\$1,535.00	\$1,507.00	\$1,649.00
Kaiser Permanente WA Summit 3	\$1,307.00	\$270.00	\$540.00	\$473.00	\$810.00	\$1,577.00	\$1,847.00	\$1,780.00	\$2,117.00
Premera Blue Cross High PPO	\$1,307.00	\$135.00	\$270.00	\$236.00	\$405.00	\$1,442.00	\$1,577.00	\$1,543.00	\$1,712.00
Premera Blue Cross Standard PPO	\$1,307.00	\$79.00	\$158.00	\$138.00	\$237.00	\$1,386.00	\$1,465.00	\$1,445.00	\$1,544.00
Premera Blue Cross HMO	\$1,307.00	\$17.00	\$34.00	\$30.00	\$51.00	\$1,324.00	\$1,341.00	\$1,337.00	\$1,358.00
Uniform Medical Plan Achieve 1	\$1,307.00	\$40.00	\$80.00	\$70.00	\$120.00	\$1,347.00	\$1,387.00	\$1,377.00	\$1,427.00
Uniform Medical Plan Achieve 2	\$1,307.00	\$125.00	\$250.00	\$219.00	\$375.00	\$1,432.00	\$1,557.00	\$1,526.00	\$1,682.00
Uniform Medical Plan High Deductible	\$1,307.00	\$21.00	\$42.00	\$37.00	\$63.00	\$1,328.00	\$1,349.00	\$1,344.00	\$1,370.00
Uniform Medical Plan Plus - PSHVN	\$1,307.00	\$104.00	\$208.00	\$182.00	\$312.00	\$1,411.00	\$1,515.00	\$1,489.00	\$1,619.00
Uniform Medical Plan Plus - UW	\$1,307.00	\$104.00	\$208.00	\$182.00	\$312.00	\$1,411.00	\$1,515.00	\$1,489.00	\$1,619.00
Surcharges									
Tobacco Use Surcharge		\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver (A/V) Surcharge		\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00