

2016 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates

Effective January 1, 2016 (See “Monthly Premium Surcharges” on back)

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare. (Medicare rates are not available to Leave Without Pay members.)
2. Medicare-enrolled subscribers in Group Health Cooperative’s Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.

For more information on these requirements, contact your health plan’s customer service department.

Medical Plans				
Members not eligible for Medicare (or enrolled in Part A only)	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
Group Health Classic	\$610.78	\$1,215.53	\$1,064.34	\$1,669.09
Group Health CDHP	522.80	1,034.28	920.99	1,374.14
Group Health SoundChoice	538.09	1,070.15	937.14	1,469.20
Group Health Value	573.99	1,141.95	999.96	1,567.92
Kaiser Permanente Classic	637.32	1,268.61	1,110.79	1,742.08
Kaiser Permanente CDHP	530.09	1,048.36	933.38	1,393.32
UMP Classic	576.78	1,147.53	1,004.84	1,575.59
UMP CDHP	522.47	1,033.62	920.42	1,373.24
UMP Plus-PSHVN	552.40	1,098.77	962.18	1,508.55
UMP Plus-UW Medicine ACN	552.40	1,098.77	962.18	1,508.55

Members enrolled in Part A and Part B of Medicare:	Subscriber Only	Subscriber and Spouse*		Subscriber and Child(ren)		Full Family		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Group Health Classic	N/A [†]	\$870.52	N/A [†]	\$719.33	N/A [†]	\$1,324.08	\$ 979.07	N/A [†]
Group Health Medicare Plan	\$265.77	N/A [†]	\$525.51	N/A [†]	\$525.51	N/A [†]	N/A [†]	\$ 785.25
Group Health SoundChoice	N/A [†]	797.83	N/A [†]	664.82	N/A [†]	1,196.88	924.56	N/A [†]
Group Health Value	N/A [†]	833.73	N/A [†]	691.74	N/A [†]	1,259.70	951.48	N/A [†]
Kaiser Permanente Senior Advantage	308.70	939.99 ^{‡‡}	611.37	782.17 ^{‡‡}	611.37	1,413.46 ^{‡‡}	1,084.84 ^{‡‡}	914.04
UMP Classic	417.89	988.64	829.75	845.95	829.75	1,416.70	1,257.81	1,241.61

* or registered domestic partner

(continued)

[†] If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member who is not eligible for Medicare, the family member must enroll in a Group Health Classic, SoundChoice, or Value plan and the subscriber will pay a combined Medicare and non-Medicare rate.

^{‡‡} If a Kaiser Permanente subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member will be enrolled in Kaiser Permanente Classic. The subscriber will pay the combined Medicare and non-Medicare rate shown for Kaiser Permanente Senior Advantage.

Medicare Supplement Plan F (Group), administered by Premera Blue Cross

	Subscriber Only	Subscriber and Spouse*			Subscriber and Child(ren)	Full Family		
	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled**	2 Medicare eligible**
Plan F Age 65 or older, eligible by age	\$207.66	\$784.44	\$560.67	\$415.32	\$641.75	\$1,212.50	\$994.76	\$849.41
Plan F Under age 65, eligible by disability	353.01	929.79	560.67	706.02	787.10	1,357.85	994.76	1,140.11

*or registered domestic partner

**If a subscriber selects a Medicare supplement plan, non-Medicare eligible dependents are enrolled in Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Monthly Premium Surcharges

You will pay the following surcharges in addition to your medical plan premium if they apply to you. These surcharges **do not** apply to COBRA and PEBB Extension of Coverage subscribers enrolled in Medicare Part A and Part B.

- A monthly \$25-per-account surcharge will apply if the subscriber or any family member (age 13 or older) enrolled in PEBB medical coverage uses tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or registered domestic partner in PEBB medical coverage and the spouse or domestic partner has chosen not to enroll in other employer-based group medical insurance that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you,
see the *2016 Premium Surcharge Help Sheet* at www.hca.wa.gov/pebb.

Dental Plans with Medical Plan	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 39.53	\$ 44.63	\$ 42.37
Subscriber & Spouse*	79.06	89.26	84.74
Subscriber & Child(ren)	79.06	89.26	84.74
Full Family	118.59	133.89	127.11

Dental Plans	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Dental Only			
Subscriber Only	\$ 45.56	\$ 50.66	\$ 48.40
Subscriber & Spouse*	85.09	95.29	90.77
Subscriber & Child(ren)	85.09	95.29	90.77
Full Family	124.62	139.92	133.14

*or registered domestic partner

To obtain this document in another format (such as Braille or audio), call 1-800-200-1004.
TTY users may call through the Washington Relay service by dialing 711.