

# 2017 PEBB Continuation Coverage (Leave Without Pay) and COBRA Monthly Rates

Effective January 1, 2017 (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 Medicare Part A and Part B. (Medicare rates are not available to PEBB Continuation Coverage (Leave Without Pay) members.)
2. Medicare-enrolled subscribers in Kaiser Foundation Health Plan of Washington's (formerly Group Health) Medicare Advantage plan or Kaiser Foundation Health Plan of the Northwest 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.

| <b>Medical plans</b>  |                        |                               |                                  |                    |
|---|------------------------|-------------------------------|----------------------------------|--------------------|
| <b>Members not eligible for Medicare (or enrolled in Part A only)</b> | <b>Subscriber only</b> | <b>Subscriber and spouse*</b> | <b>Subscriber and child(ren)</b> | <b>Full family</b> |
| Kaiser Permanente WA (formerly Group Health) Classic                  | \$676.52               | \$1,348.32                    | \$1,180.37                       | \$1,852.17         |
| Kaiser Permanente WA (formerly Group Health) CDHP                     | \$563.28               | \$1,115.34                    | \$991.91                         | \$1,485.64         |
| Kaiser Permanente WA (formerly Group Health) SoundChoice              | \$575.80               | \$1,146.88                    | \$1,004.11                       | \$1,575.19         |
| Kaiser Permanente WA (formerly Group Health) Value                    | \$598.81               | \$1,192.90                    | \$1,044.38                       | \$1,638.47         |
| Kaiser Permanente NW Classic**  | \$661.10               | \$1,317.48                    | \$1,153.39                       | \$1,809.77         |
| Kaiser Permanente NW CDHP**   | \$564.83               | \$1,117.94                    | \$994.25                         | \$1,489.03         |
| UMP Classic   | \$623.65               | \$1,242.58                    | \$1,087.85                       | \$1,706.78         |
| UMP CDHP  | \$562.91               | \$1,114.60                    | \$991.26                         | \$1,484.62         |
| UMP Plus-PSHVN  | \$595.49               | \$1,186.26                    | \$1,038.57                       | \$1,629.34         |
| UMP Plus-UW Medicine ACN  | \$595.49               | \$1,186.26                    | \$1,038.57                       | \$1,629.34         |

\* or state-registered domestic partner

\*\*Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in WA, and the Portland, OR, area.

(continued)

| Members enrolled in Medicare Part A and Part B:            | 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 |
| Kaiser Permanente WA (formerly Group Health) Classic       | N/A                 | \$997.97               | N/A <sup>†</sup>    | \$830.02                  | N/A <sup>†</sup>    | \$1,501.82               | \$1,151.47               | N/A <sup>†</sup>    |
| Kaiser Permanente WA (formerly Group Health) Medicare Plan | \$326.17            | N/A <sup>†</sup>       | \$647.62            | N/A <sup>†</sup>          | \$647.62            | N/A <sup>†</sup>         | N/A <sup>†</sup>         | \$969.07            |
| Kaiser Permanente WA (formerly Group Health) SoundChoice   | N/A                 | \$897.25               | N/A <sup>†</sup>    | \$754.48                  | N/A <sup>†</sup>    | \$1,325.56               | \$1,075.93               | N/A <sup>†</sup>    |
| Kaiser Permanente WA (formerly Group Health) Value         | N/A                 | \$920.26               | N/A <sup>†</sup>    | \$771.74                  | N/A <sup>†</sup>    | \$1,365.83               | \$1,093.19               | N/A <sup>†</sup>    |
| Kaiser Permanente NW Senior Advantage                      | \$313.63            | \$970.01 <sup>‡‡</sup> | \$622.54            | \$805.92 <sup>‡‡</sup>    | \$622.54            | \$1,462.30 <sup>‡‡</sup> | \$1,114.83 <sup>‡‡</sup> | \$931.45            |
| UMP Classic  | \$428.13            | \$1,047.06             | \$851.54            | \$892.33                  | \$851.54            | \$1,511.26               | \$1,315.74               | \$1,274.95          |

\* or state-registered domestic partner

\*\* Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in WA, and the Portland, OR, area.

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

‡‡ If a Kaiser Permanente NW subscriber is enrolled in Medicare Part A and Part B and covers a family member who is not eligible for Medicare, the family member will be enrolled in Kaiser Permanente NW Classic\*\*. The subscriber will pay the combined Medicare and non-Medicare rate shown for Kaiser Permanente NW 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** |
| <b>Plan F</b><br>Age 65 or older, eligible by age     | \$209.74            | \$833.39               | \$566.29                                   | \$419.48            | \$678.66                  | \$1,297.59            | \$1,035.21                                   | \$888.40              |
| <b>Plan F</b><br>Under age 65, eligible by disability | \$356.55            | \$980.20               | \$566.29                                   | \$713.10            | \$825.47                  | \$1,444.40            | \$1,035.21                                   | \$1,182.02            |

\*or state-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 Continuation 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 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner in PEBB medical and the spouse or state-registered domestic partner has chosen not to enroll in employer-based group medical that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you, see the *2017 Premium Surcharge Help Sheet* at [www.hca.wa.gov/public-employee-benefits](http://www.hca.wa.gov/public-employee-benefits).

| 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   | \$45.07   | \$42.37                               |
| Subscriber & spouse*           | \$79.06   | \$90.14   | \$84.74                               |
| Subscriber & child(ren)        | \$79.06   | \$90.14   | \$84.74                               |
| Full family                    | \$118.59  | \$135.21  | \$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         | \$44.25   | \$49.79   | \$47.09                               |
| Subscriber & spouse*    | \$83.78   | \$94.86   | \$89.46                               |
| Subscriber & child(ren) | \$83.78   | \$94.86   | \$89.46                               |
| Full family             | \$123.31  | \$139.93  | \$131.83                              |

\*or state-registered domestic partner

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