

2024 SEBB Continuation Coverage and School Employee Board Member Monthly Premiums



Effective January 1, 2024

Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon. UMP is administered by Regence BlueShield and Washington State Rx Services. The term "spouse" is interchangeable with state registered domestic partner (SRDP).

What you pay	Managed Care Plans							
	Kaiser Foundation Health Plan of the Northwest			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
Monthly premiums								
Subscriber only	\$719.12	\$757.32	\$848.50	\$700.26	\$750.15	\$800.54	\$766.71	\$672.48
Subscriber & spouse	\$1,432.21	\$1,508.61	\$1,690.97	\$1,394.49	\$1,494.27	\$1,595.05	\$1,527.39	\$1,338.93
Subscriber & children	\$1,253.94	\$1,320.79	\$1,480.35	\$1,220.93	\$1,308.24	\$1,396.42	\$1,337.22	\$1,172.32
Subscriber, spouse, & children	\$2,145.30	\$2,259.90	\$2,533.44	\$2,088.72	\$2,238.39	\$2,389.56	\$2,288.07	\$2,005.38

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options			Premera Blue Cross		Uniform Medical Plan			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	High Deductible	UMP Plus
Monthly premiums									
Subscriber only	\$751.68	\$795.12	\$889.10	\$766.88	\$716.24	\$695.67	\$765.45	\$678.17	\$738.36
Subscriber & spouse	\$1,497.33	\$1,584.20	\$1,772.17	\$1,527.74	\$1,426.45	\$1,385.31	\$1,524.87	\$1,350.10	\$1,470.69
Subscriber & children	\$1,310.92	\$1,386.93	\$1,551.40	\$1,337.52	\$1,248.90	\$1,212.90	\$1,335.02	\$1,189.93	\$1,287.61
Subscriber, spouse, & children	\$2,242.98	\$2,373.29	\$2,655.24	\$2,288.59	\$2,136.66	\$2,074.95	\$2,284.29	\$1,990.78	\$2,203.02

Medical premium surcharges

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if the conditions described below apply, or if you do not attest to the surcharges when required. Visit [Surcharges on HCA's website at hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation) for more information.

- A monthly \$25-per-account medical premium surcharge will apply if you or any dependent (age 13 and older) enrolled in PEBB medical coverage uses tobacco products.
- A monthly \$50 medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner in PEBB medical coverage, and they have chosen not to enroll in another employer-based group medical plan that is comparable to PEBB's UMP Classic.

Monthly dental premiums

What you pay	Managed Care Plans		Preferred Provider Organization (PPO)
	DeltaCare	Willamette Dental Group	Uniform Dental Plan
Monthly premiums			
Subscriber only	\$43.40	\$52.37	\$51.77
Subscriber & spouse	\$86.80	\$104.74	\$103.54
Subscriber & children	\$86.80	\$104.74	\$103.54
Subscriber, spouse, & children	\$130.20	\$157.11	\$155.31

Monthly vision premiums

Davis vision is underwritten by HM Life Insurance Company. EyeMed Vision Care is underwritten by Fidelity Security Life Insurance Company. MetLife Vision is underwritten by Metropolitan Life Insurance Company.

What you pay	Davis Vision	EyeMed Vision Care	MetLife Vision
Monthly premiums			
Subscriber only	\$4.97	\$6.60	\$7.78
Subscriber & spouse	\$9.94	\$13.20	\$15.56
Subscriber & children	\$8.70	\$11.55	\$13.62
Subscriber, spouse, & children	\$14.91	\$19.80	\$23.34

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call us at 1-800-200-1004 (TRS: 711).