

2024 PEBB Retiree Monthly Premiums



Effective January 1, 2024

Special requirements for Medicare premiums

- To qualify for the Medicare premium, at least one member on the account must be enrolled in Medicare Part A and Part B.
- Medicare premiums have been reduced by the state-funded contribution, up to the lesser of \$183 or 50 percent of the plan rate per retiree per month.

For more information on these requirements, contact your medical plan's customer service department.

Note: These premiums do not include your Medicare Part B premium.

- Kaiser Foundation Health Plan of the Northwest (Kaiser Permanente NW) offers plans in Clark and Cowlitz counties in Washington and select counties and zip codes in Oregon. Kaiser Permanente NW Medicare plans have a larger service area.
- Uniform Medical Plan (UMP) is administered by Regence BlueShield and Washington State Rx Services.
- UnitedHealthcare plans are Medicare Advantage Part D (MAPD) plans. If a UnitedHealthcare Medicare plan is selected, non-Medicare eligible members are enrolled in UMP Classic. The rates reflect the total due, including premiums for both plans.
- The term spouse is interchangeable with state registered domestic partner (SRDP).

Medicare medical plan premiums (for members enrolled in Medicare Part A and Part B)

- * If a Kaiser Permanente NW member is enrolled in Medicare Part A and Part B, and other enrolled members are not eligible for Medicare, the non-Medicare members will be enrolled in Kaiser Permanente NW Classic. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.
- # If a Kaiser Foundation Health Plan of Washington (KFHPW) member is enrolled in Medicare Part A and Part B, and other enrolled members are not eligible for Medicare, the non-Medicare members must enroll in (KFHPW) Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

	Kaiser Foundation Health Plan of the Northwest	Kaiser Foundation Health Plan of Washington				Uniform Medical Plan	UnitedHealthcare	
	Senior Advantage	Classic	Medicare (Original or Advantage)	SoundChoice	Value	Classic	PEBB Balance	PEBB Complete

Subscriber only

1 eligible	\$193.95*	N/A	\$188.62	N/A	N/A	\$532.94	\$135.65	\$160.58
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Subscriber and spouse

1 eligible	\$1,227.17*	\$1,116.22	N/A	\$960.07	\$1,102.03	\$1,358.66	\$961.37	\$986.30
2 eligible	\$381.94	N/A#	\$371.29	N/A#	N/A#	\$1,059.92	\$265.34	\$315.21

Subscriber and children

1 eligible	\$968.87*	\$884.32	N/A#	\$767.21	\$873.67	\$1,152.23	\$754.94	\$779.87
2 eligible	\$381.94	N/A#	\$371.29	N/A#	N/A#	\$1,059.92	\$265.34	\$315.21

Subscriber, spouse, and children

1 eligible	\$2,002.09*	\$1,811.92	N/A#	\$1,538.66	\$1,787.08	\$1,977.95	\$1,580.66	\$1,605.59
2 eligible	\$1,156.86*	\$1,066.99	N/A#	\$949.88	\$1,056.34	\$1,679.21	\$884.63	\$934.50
3 eligible	\$569.93	N/A#	\$553.95	N/A#	N/A#	\$1,586.90	\$395.03	\$469.83

Medicare supplement plan premiums

	Premera Blue Cross			
	Plan F (closed to new members)		Plan G	
	Age 65 or older, eligible by age	Under age 65, eligible by disability	Age 65 or older, eligible by age	Under age 65, eligible by disability
Subscriber only				
1 Medicare eligible	\$119.05	\$207.45	\$101.99	\$169.20
Subscriber and spouse				
1 Medicare eligible	\$944.77	\$1,033.17	\$927.71	\$994.92
2 Medicare eligible: 1 retired, 1 disabled	\$320.54	\$320.54	\$265.23	\$265.23
2 Medicare eligible	\$232.14	\$408.94	\$198.02	\$332.44
Subscriber and children				
1 Medicare eligible	\$738.34	\$826.74	\$721.28	\$788.49
Subscriber, spouse, and children				
1 Medicare eligible	\$1,564.06	\$1,652.46	\$1,547.00	\$1,614.21
2 Medicare eligible: 1 retired, 1 disabled	\$940.58	\$940.58	\$885.27	\$885.27
2 Medicare eligible	\$851.43	\$1,028.23	\$817.31	\$951.73

Non-Medicare medical plan premiums (for members not enrolled in Medicare)

	Managed Care Plans					
	Kaiser Foundation Health Plan of the Northwest		Kaiser Foundation Health Plan of Washington			
	Classic	CDHP	Classic	CDHP	SoundChoice	Value
Subscriber only	\$1,039.18	\$907.72	\$933.56	\$738.98	\$777.41	\$919.37
Subscriber & spouse	\$2,072.40	\$1,808.12	\$1,861.16	\$1,470.63	\$1,548.87	\$1,832.77
Subscriber & children	\$1,814.10	\$1,597.60	\$1,629.26	\$1,302.30	\$1,356.00	\$1,604.42
Subscriber, spouse, & children	\$2,847.32	\$2,439.67	\$2,556.86	\$1,975.63	\$2,127.45	\$2,517.83

	Preferred Provider Organization (PPO) Plans			
	Uniform Medical Plan			
	Classic	CDHP	Select	UMP Plus
Subscriber only	\$831.68	\$747.79	\$766.61	\$816.50
Subscriber & spouse	\$1,657.40	\$1,488.26	\$1,527.27	\$1,627.04
Subscriber & children	\$1,450.97	\$1,317.73	\$1,337.10	\$1,424.41
Subscriber, spouse, & children	\$2,276.69	\$1,999.87	\$2,097.76	\$2,234.95

Medical premium surcharges (for non-Medicare subscribers only)

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.

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

For more guidance on whether these premium surcharges apply to you, see the *2024 PEBB Premium Surcharge Attestation Help Sheet* on the HCA website at hca.wa.gov/erb under *Forms & publications*.

Dental plan premiums

You must enroll in medical coverage to enroll in dental.

	Managed Care Plans		Preferred Provider Organization (PPO)
	DeltaCare	Willamette Dental Group	Uniform Dental Plan
Monthly premiums			
Subscriber only	\$41.50	\$48.87	\$48.92
Subscriber & spouse	\$83.00	\$97.74	\$97.84
Subscriber & children	\$83.00	\$97.74	\$97.84
Subscriber, spouse, & children	\$124.50	\$146.61	\$146.76

Retiree term life insurance premiums

The table below shows that monthly costs increase as your age increases, but your benefit coverage amount does not change. Administered by Metropolitan Life Insurance Company.

	Your age										
	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
Monthly cost for...											
\$5,000 coverage	\$0.87	\$1.34	\$2.50	\$3.84	\$7.38	\$11.97	\$19.41	\$31.43	\$50.90	\$82.45	\$133.57
\$10,000 coverage	\$1.74	\$2.67	\$5.00	\$7.67	\$14.76	\$23.94	\$38.81	\$62.86	\$101.79	\$164.89	\$267.14
\$15,000 coverage	\$2.61	\$4.01	\$7.50	\$11.51	\$22.14	\$35.91	\$58.22	\$94.29	\$152.69	\$247.34	\$400.71
\$20,000 coverage	\$3.48	\$5.34	\$10.00	\$15.34	\$29.52	\$47.88	\$77.62	\$125.72	\$203.58	\$329.78	\$534.28

Legacy retiree life insurance plan premiums

The legacy retiree life insurance plan is only available to retirees enrolled as of December 31, 2016, who didn't elect to increase their retiree term life insurance amount during MetLife's open enrollment (November 1-30, 2016). Administered by Metropolitan Life Insurance Company.

Age at death	Amount of insurance	Monthly cost
Under 65	\$3,000	\$7.75
65 through 69	\$2,100	\$7.75
70 and over	\$1,800	\$7.75

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