



2020 SEBB Continuation Coverage Monthly Premiums



Effective January 1, 2020

Medical plan premiums	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren)	Subscriber, spouse ¹ and child(ren)
Kaiser Permanente NW 1	\$588.52	\$1,171.27	\$1,025.58	\$1,754.02
Kaiser Permanente NW 2	\$601.31	\$1,196.85	\$1,047.97	\$1,792.39
Kaiser Permanente NW 3	\$666.54	\$1,327.31	\$1,162.12	\$1,988.08
Kaiser Permanente WA Core 1	\$573.46	\$1,141.15	\$999.23	\$1,708.84
Kaiser Permanente WA Core 2	\$579.50	\$1,153.23	\$1,009.80	\$1,726.96
Kaiser Permanente WA Core 3	\$650.01	\$1,294.25	\$1,133.19	\$1,938.49
Kaiser Permanente WA SoundChoice	\$609.28	\$1,212.79	\$1,061.91	\$1,816.30
Kaiser Permanente WA Options Access PPO 1	\$599.71	\$1,193.65	\$1,045.17	\$1,787.59
Kaiser Permanente WA Options Access PPO 2	\$629.44	\$1,253.11	\$1,097.19	\$1,876.78
Kaiser Permanente WA Options Access PPO 3	\$676.78	\$1,347.79	\$1,180.04	\$2,018.80
Premera High PPO	\$630.34	\$1,254.90	\$1,098.76	\$1,879.47
Premera Peak Care EPO	\$591.39	\$1,177.01	\$1,030.60	\$1,762.63
Premera Standard PPO	\$582.51	\$1,159.24	\$1,015.06	\$1,735.98
Uniform Medical Plan (UMP) Achieve 1 ²	\$593.56	\$1,181.35	\$1,034.40	\$1,769.13
UMP Achieve 2 ²	\$658.42	\$1,311.06	\$1,147.90	\$1,963.71
UMP High Deductible (with a health savings account) ²	\$591.24	\$1,172.88	\$1,035.28	\$1,723.27
UMP Plus–Puget Sound High Value Network ²	\$628.88	\$1,252.00	\$1,096.22	\$1,875.11
UMP Plus–UW Medicine Accountable Care Network ²	\$628.88	\$1,252.00	\$1,096.22	\$1,875.11

¹ Or state-registered domestic partner

² Administered by Regence BlueShield

Monthly medical premium surcharges

You will be charged the following surcharges in addition to your monthly medical premium if they apply to you.

A monthly \$25-per-account tobacco use premium surcharge will apply if the subscriber or any dependent (age 13 and older) enrolled on your SEBB coverage uses a tobacco product.

A monthly \$50 spouse or state-registered domestic partner coverage premium surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner in a SEBB medical plan, and your spouse or state-registered domestic partner has elected not to enroll in another employer-based group medical plan that is comparable to UMP Classic (a Public Employees Benefits Board [PEBB] Program plan).

For more guidance on whether these surcharges apply to you, see the *2020 SEBB Premium Surcharge Attestation Help Sheet* at hca.wa.gov/erb under *Forms & publications*.

Dental plan premiums	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren)	Subscriber, spouse ¹ and child(ren)
DeltaCare	\$41.33	\$82.66	\$82.66	\$123.99
Uniform Dental Plan	\$48.67	\$97.34	\$97.34	\$146.01
Willamette Dental Group	\$49.90	\$99.80	\$99.80	\$149.70

Vision plan premiums	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren)	Subscriber, spouse ¹ and child(ren)
Davis Vision	\$4.36	\$8.72	\$7.63	\$13.08
EyeMed Vision Care	\$5.96	\$11.92	\$10.43	\$17.88
MetLife	\$6.66	\$13.32	\$11.66	\$19.98

¹ Or state-registered domestic partner

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