

2025 PEBB Continuation Coverage (Employer Groups Ended Participation) Monthly Premiums

Effective January 1, 2025

The amounts shown are the monthly costs for PEBB medical, dental, and vision coverage.

- Kaiser Foundation Health Plan of the Northwest (Kaiser Permanente NW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon. Kaiser Permanente NW Medicare plans have a larger service area.
- Uniform Medical Plan (UMP) is administered by Regence BlueShield and ArrayRx (formerly Washington State Rx Services).
- The term “spouse” is interchangeable with “state-registered domestic partner” (SRDP).

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

	Managed Care Plans						Preferred Provider Organization (PPO) Plans			
	Kaiser Permanente NW		Kaiser Permanente WA				Uniform Medical Plan			
	Classic	CDHP	Classic	CDHP	SoundChoice	Value	Classic	CDHP	Select	UMP Plus
Subscriber Only	\$953.54	\$806.85	\$893.00	\$794.98	\$837.37	\$883.28	\$898.12	\$816.03	\$847.52	\$922.97
Subscriber & spouse	\$1,901.37	\$1,606.62	\$1,780.28	\$1,582.88	\$1,669.03	\$1,760.84	\$1,790.53	\$1,624.98	\$1,689.33	\$1,840.23
Subscriber & children	\$1,664.41	\$1,421.26	\$1,558.46	\$1,400.49	\$1,461.11	\$1,541.45	\$1,567.43	\$1,437.33	\$1,478.88	\$1,610.92
Subscriber, spouse, & children	\$2,612.24	\$2,162.71	\$2,445.75	\$2,130.06	\$2,292.77	\$2,419.02	\$2,459.84	\$2,187.95	\$2,320.69	\$2,528.18

Medical premium surcharges (for non-Medicare subscribers only)

Two premium surcharges may apply in addition to your monthly medical premium (if you, the subscriber, are not enrolled in Medicare Part A and Part B). 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 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 UMP Classic.

Visit the HCA website at hca.wa.gov/pebb-continuation under *Surcharges* for more information.

Vision plan premiums (for members not enrolled in Medicare)

If you are enrolled in Medicare, vision coverage is included in your medical plan.

	Davis Vision by MetLife	EyeMed Vision Care	MetLife Vision
Subscriber only	\$5.02	\$6.57	\$8.30
Subscriber & spouse	\$10.04	\$13.14	\$16.60
Subscriber & children	\$8.79	\$11.50	\$14.53
Subscriber, spouse, & children	\$13.81	\$18.07	\$22.83

Dental plan premiums

	Managed Care Plans		Preferred Provider Organization (PPO) Plans
	DeltaCare	Willamette Dental Group	Uniform Dental Plan
Subscriber only	\$41.50	\$48.87	\$52.23
Subscriber & spouse	\$83.00	\$97.74	\$104.46
Subscriber & children	\$83.00	\$97.74	\$104.46
Subscriber, spouse, & children	\$124.50	\$146.61	\$156.69

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

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. Medicare plans that include Part D are not available to members who permanently live outside of the U.S. or its territories. You must provide a physical address to enroll or remain enrolled in a Medicare plan. For more information on these requirements, contact your medical plan's customer service department.

UnitedHealthcare (UHC) plans are Medicare Advantage plus Part D (MAPD) plans. If a UHC Medicare plan is selected, the non-Medicare members must enroll in UMP Classic. The amounts shown reflect the total due for both plans.

If a Kaiser Permanente Northwest Medicare plan is selected, the non-Medicare members must enroll in Kaiser Permanente Northwest Classic. The amounts shown reflect the total due for both plans.

If a Kaiser Permanente Washington plan is selected, the non-Medicare members must enroll in Kaiser Permanente Washington Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

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

	Managed Care Plans					Preferred Provider Organization (PPO) Plans		
	Kaiser Permanente NW Senior Advantage with Part D	Kaiser Permanente WA				Uniform Medical Plan Classic Medicare with Part D (PDP)	UnitedHealthcare	
		Classic	Medicare Advantage with Part D	SoundChoice	Value		PEBB Balance	PEBB Complete
Subscriber only								
1 eligible	\$336.68	N/A	\$349.12	N/A	N/A	\$602.36	\$301.42	\$357.40
Subscriber and spouse								
1 eligible	\$1,284.51	\$1,236.41	N/A	\$1,180.78	\$1,226.69	\$1,494.77	\$1,193.83	\$1,249.81
2 eligible	\$667.65	N/A	\$692.53	N/A	N/A	\$1,199.01	\$597.13	\$709.09
Subscriber and children								
1 eligible	\$1,047.55	\$1,014.58	N/A	\$972.86	\$1,007.30	\$1,271.67	\$970.73	\$1,026.71
2 eligible	\$667.65	N/A	\$692.53	N/A	N/A	\$1,199.01	\$597.13	\$709.09
Subscriber, spouse, and children								
1 eligible	\$1,995.38	\$1,901.87	N/A	\$1,804.52	\$1,884.86	\$2,164.08	\$1,863.14	\$1,919.12
2 eligible	\$1,378.52	\$1,357.99	N/A	\$1,316.27	\$1,350.71	\$1,868.32	\$1,266.44	\$1,378.40
3 eligible	\$998.62	N/A	\$1,035.94	N/A	N/A	\$1,795.66	\$892.84	\$1,060.78

Medicare supplement plan premiums

If a Medicare supplement plan is selected, non-Medicare members are enrolled in UMP Classic. The rates shown reflect the total due for both plans. **Note:** These Medicare premiums do not include your Medicare Part B premium.

	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	\$262.65	\$442.49	\$223.89	\$376.60
Subscriber and spouse				
1 Medicare eligible	\$1,155.06	\$1,334.90	\$1,116.30	\$1,269.01
2 Medicare eligible; 1 retired, 1 disabled	\$699.43	\$699.43	\$594.78	\$594.78
2 Medicare eligible	\$519.59	\$879.27	\$442.07	\$747.49
Subscriber and children				
1 Medicare eligible	\$931.96	\$1,111.80	\$893.20	\$1,045.91
Subscriber, spouse, and children				
1 Medicare eligible	\$1,824.37	\$2,004.21	\$1,785.61	\$1,938.32
2 Medicare eligible; 1 retired, 1 disabled	\$1,368.74	\$1,368.74	\$1,264.09	\$1,264.09
2 Medicare eligible	\$1,188.90	\$1,548.58	\$1,111.38	\$1,416.80

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