

2025 PEBB Retiree Monthly Premiums

Effective January 1, 2025

- The amounts shown are the monthly costs for PEBB medical, dental, vision and life insurance coverage.
- 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 ArrayRx (formerly Washington State Rx Services).
- The term spouse is interchangeable with state-registered domestic partner (SRDP).

Special requirements for Medicare

- 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.

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

- If a Kaiser Permanente NW Medicare plan is selected, non-Medicare eligible members are enrolled in Kaiser Permanente NW Classic. The amount shown is the total due, including premiums for both plans.
- If a Kaiser Foundation Health Plan of Washington (Kaiser Permanente WA) Medicare plan is selected, non-Medicare eligible members are enrolled in Kaiser Permanente WA Classic, SoundChoice, or Value. The amount shown is the total due, including premiums for both plans.

	Managed Care Plans					Preferred Provider Organization (PPO)		
	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	\$171.19	N/A	\$177.41	N/A	N/A	\$419.36	\$153.56	\$181.55
Subscriber and spouse								
1 eligible	\$1,119.02	\$1,064.70	N/A	\$1,009.07	\$1,054.98	\$1,311.77	\$1,045.97	\$1,073.96
2 eligible	\$336.67	N/A	\$349.11	N/A	N/A	\$833.01	\$301.41	\$357.39
Subscriber and children								
1 eligible	\$882.06	\$842.87	N/A	\$801.15	\$835.59	\$1,088.67	\$822.87	\$850.86
2 eligible	\$336.67	N/A	\$349.11	N/A	N/A	\$833.01	\$301.41	\$357.39
Subscriber, spouse, and children								
1 eligible	\$1,829.89	\$1,730.16	N/A	\$1,632.81	\$1,713.15	\$1,981.08	\$1,715.28	\$1,743.27
2 eligible	\$1,047.54	\$1,014.57	N/A	\$972.85	\$1,007.29	\$1,502.32	\$970.72	\$1,026.70
3 eligible	\$502.15	N/A	\$520.81	N/A	N/A	\$1,246.66	\$449.26	\$533.23

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	\$134.18	\$259.49	\$114.80	\$193.60
Subscriber and spouse				
1 Medicare eligible	\$1,026.59	\$1,151.90	\$1,007.21	\$1,086.01
2 Medicare eligible: 1 retired, 1 disabled	\$387.96	\$387.96	\$302.69	\$302.69
2 Medicare eligible	\$262.65	\$513.27	\$223.89	\$381.49
Subscriber and children				
1 Medicare eligible	\$803.49	\$928.80	\$784.11	\$862.91
Subscriber, spouse, and children				
1 Medicare eligible	\$1,695.90	\$1,821.21	\$1,676.52	\$1,755.32
2 Medicare eligible: 1 retired, 1 disabled	\$1,057.27	\$1,076.65	\$972.00	\$1,081.09
2 Medicare eligible	\$931.96	\$1,182.58	\$893.20	\$1,050.80

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

	Managed Care Plans					
	Kaiser Permanente NW		Kaiser Permanente WA			
	Classic	CDHP	Classic	CDHP	SoundChoice	Value
Subscriber only	\$953.54	\$806.85	\$893.00	\$794.98	\$837.37	\$883.28
Subscriber & spouse	\$1,901.37	\$1,606.62	\$1,780.28	\$1,582.88	\$1,669.03	\$1,760.84
Subscriber & children	\$1,664.41	\$1,421.26	\$1,558.46	\$1,400.49	\$1,461.11	\$1,541.45
Subscriber, spouse, & children	\$2,612.24	\$2,162.71	\$2,445.75	\$2,130.06	\$2,292.77	\$2,419.02

Non-Medicare medical plan premiums (continued)

	Preferred Provider Organization (PPO) Plans			
	Uniform Medical Plan			
	Classic	CDHP	Select	UMP Plus
Subscriber only	\$898.12	\$816.03	\$847.52	\$922.97
Subscriber & spouse	\$1,790.53	\$1,624.98	\$1,689.33	\$1,840.23
Subscriber & children	\$1,567.43	\$1,437.33	\$1,478.88	\$1,610.92
Subscriber, spouse, & children	\$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. 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 HCA website at hca.wa.gov/pebb-retirees under *Surcharges*.

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
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

Vision plan premiums (for members not enrolled in Medicare)

If you are enrolled in Medicare, vision coverage is included in your medical plan except with Medicare Supplement Plans.

	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

Retiree term life insurance plan 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