



Washington State Health Care Authority
Public Employees Benefits Board

P.O. Box 42684 • Olympia, Washington 98504-2684
360-725-0440 • TTY 711 • FAX 360-725-0771 • www.hca.wa.gov/pebb

August 28, 2024

TO: Personnel and Payroll Offices of Counties, Municipalities, Other Political Subdivisions, and Tribal Governments

FROM: Amy Corrigan, Management Analyst 5
Outreach and Training Team

SUBJECT: Calendar Year 2025 Rates – Tiered – Medical Only

Medical Insurance

Based on new contracts with the health plans, the revised rates for medical coverage effective January 1, 2025, are attached. As the employer, you determine how much of the total premium your employees are required to pay.

Beginning January 1, 2025, routine vision benefits will be separate from medical coverage. To continue offering routine vision, groups can contract separately for a routine vision benefit or move to the full benefits package with the PEBB Program.

Employer Group Rate Surcharge

RCW 41.05.050(2) requires participating counties, municipalities, other political subdivisions, and tribal governments incur an employer group rate surcharge. The employer group rate surcharge is applied to the monthly rate (included on the attached rate sheet).

PEBB Program Open Enrollment

The Public Employees Benefits Board (PEBB) Program annual open enrollment is October 28 – November 25, 2024. In October, the PEBB Program will mail the *For Your Benefit* newsletter to employees at the address on record or will send it electronically to those who subscribe to email. This is the only notice the PEBB Program will send to employees about open enrollment. Information will be available on the [PEBB Program website](#) in October.

Employees who make an online plan change using *Benefits 24/7* will not see a premium rate. Instead, a message will prompt them to contact their benefits or payroll office. To support their decisions and address the questions they may have, you may want to distribute information to your employees before the PEBB Program open enrollment starts regarding premiums they will be expected to pay for 2025.

Premium Surcharges

The tobacco use premium surcharge will remain at \$25 per account per month in addition to the monthly premium, regardless of the number of tobacco users in the family.

The spouse or state-registered domestic partner coverage premium surcharge will remain at \$50 per month in addition to the monthly premium for subscribers who cover a spouse or state-registered domestic partner in PEBB medical insurance where the spouse or state-registered domestic partner has chosen not to enroll in their own employer-based group health insurance that is comparable to the Uniform Medical Plan (UMP) Classic.

Employees who cover a spouse or state-registered domestic partner on their 2025 medical coverage may be required to attest to the spouse or state-registered domestic partner coverage premium surcharge during the PEBB Program open enrollment. In October, the PEBB Program will notify the employees of the need to attest. Employees can also find whether they need to re-attest in Benefits 24/7 during annual open enrollment.

Additional Taxable Income for Non-Tax Qualified Dependents

An IRS Section 125 Plan that allows employee premium dollars to be treated as a pre-tax deduction, a portion of the premium employers pay toward the family's coverage is considered taxable income to the employee if the employee has dependents enrolled who do not qualify as an IRS tax dependent. To assist you, we have included examples of how the state calculates these amounts for state agency personnel [Tables 1-8]. These tables should **only be used as a template** in developing calculations that are based on your employer contribution rate.

If you have questions about the rates, please contact me at amy.corrigan@hca.wa.gov.

Enclosures
c: Kodi Campbell

Washington State Health Care Authority**2025 PEBB Rate Book**

Employer Groups (Political Subdivisions & Tribal Governments) Active Tiered Rates for Medical Only Package with Surcharge Tables

Plan	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 1,027.17	\$ 1,987.00	\$ 1,747.04	\$ 2,706.87
Kaiser Permanente NW CDHP	\$ 880.48	\$ 1,692.25	\$ 1,503.89	\$ 2,257.34
Kaiser Permanente WA Classic	\$ 966.63	\$ 1,865.91	\$ 1,641.09	\$ 2,540.38
Kaiser Permanente WA Value	\$ 956.91	\$ 1,846.47	\$ 1,624.08	\$ 2,513.65
Kaiser Permanente WA SoundChoice	\$ 911.00	\$ 1,754.66	\$ 1,543.74	\$ 2,387.40
Kaiser Permanente WA CDHP	\$ 868.61	\$ 1,668.51	\$ 1,483.12	\$ 2,224.69
Uniform Medical Plan Classic	\$ 971.75	\$ 1,876.16	\$ 1,650.06	\$ 2,554.47
Uniform Medical Plan Plus - PSHVN	\$ 996.60	\$ 1,925.86	\$ 1,693.55	\$ 2,622.81
Uniform Medical Plan Plus - UW	\$ 996.60	\$ 1,925.86	\$ 1,693.55	\$ 2,622.81
Uniform Medical Plan CDHP	\$ 889.66	\$ 1,710.61	\$ 1,519.96	\$ 2,282.58
Uniform Medical Plan Select	\$ 921.15	\$ 1,774.96	\$ 1,561.51	\$ 2,415.32

Surcharges				
Tobacco Use Surcharge	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
Spouse Waiver (AV) Surcharge	\$ -	\$ 50.00	\$ -	\$ 50.00

These rates include the employer group rate surcharge authorized by RCW 41.05.050(2) (as amended by SB6475 (2016)), which for 2025 are \$12 for a single subscriber, \$24 for a subscriber and spouse, \$21 for subscriber and child(ren), and \$33 for full family coverage including the offset from the employer group rate surcharge to the non political subdivision rates.

Washington State Health Care Authority

2025 PEBB Rate Book

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical, Dental, and Vision

2025 Monthly State Premium Contribution for Medical, Dental and Vision for Active Employees Additional Taxable Income for Non-Tax Qualified Dependent Coverage

MEDICAL, DENTAL, AND VISION PLANS	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$ 819	\$ 627	\$ 1,447

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

DENTAL PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Dental Plans	\$ 52	\$ 52	\$ 104

Table 3: Employer Share Vision Only

Sample chart for vision only enrollment-taxable amount for dependents

VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Vision Plans	\$ 8	\$ 6	\$ 15

Table 4: Total Monthly Employee Contribution Owed for All Coverage (Pre-tax and post-tax combined)

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 189	\$ 378	\$ 331	\$ 520
Kaiser Permanente NW CDHP	\$ 37	\$ 74	\$ 65	\$ 102
Kaiser Permanente WA Classic	\$ 128	\$ 256	\$ 224	\$ 352
Kaiser Permanente WA Value	\$ 119	\$ 238	\$ 208	\$ 327
Kaiser Permanente WA SoundChoice	\$ 73	\$ 146	\$ 128	\$ 201
Kaiser Permanente WA CDHP	\$ 25	\$ 50	\$ 44	\$ 69
Uniform Medical Plan Classic	\$ 133	\$ 266	\$ 233	\$ 366
Uniform Medical Plan Plus - PSHVN	\$ 158	\$ 316	\$ 277	\$ 435
Uniform Medical Plan Plus - UW	\$ 158	\$ 316	\$ 277	\$ 435
Uniform Medical Plan CDHP	\$ 46	\$ 92	\$ 81	\$ 127
Uniform Medical Plan Select	\$ 83	\$ 166	\$ 145	\$ 228

Table 5: Post-Tax Partner Share for "Subscriber and Spouse" Tier

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW Classic	\$ 378	\$ 189	\$ 189
Kaiser Permanente NW CDHP	\$ 74	\$ 37	\$ 37
Kaiser Permanente WA Classic	\$ 256	\$ 128	\$ 128
Kaiser Permanente WA Value	\$ 238	\$ 119	\$ 119
Kaiser Permanente WA SoundChoice	\$ 146	\$ 73	\$ 73
Kaiser Permanente WA CDHP	\$ 50	\$ 25	\$ 25
Uniform Medical Plan Classic	\$ 266	\$ 133	\$ 133
Uniform Medical Plan Plus - PSHVN	\$ 316	\$ 158	\$ 158
Uniform Medical Plan Plus - UW	\$ 316	\$ 158	\$ 158
Uniform Medical Plan CDHP	\$ 92	\$ 46	\$ 46
Uniform Medical Plan Select	\$ 166	\$ 83	\$ 83

Table 6: Post Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family	Subscriber	Partner and Child(ren)
Kaiser Permanente NW Classic	\$ 520	\$ 189	\$ 331
Kaiser Permanente NW CDHP	\$ 102	\$ 37	\$ 65
Kaiser Permanente WA Classic	\$ 352	\$ 128	\$ 224
Kaiser Permanente WA Value	\$ 327	\$ 119	\$ 208
Kaiser Permanente WA SoundChoice	\$ 201	\$ 73	\$ 128
Kaiser Permanente WA CDHP	\$ 69	\$ 25	\$ 44
Uniform Medical Plan Classic	\$ 366	\$ 133	\$ 233
Uniform Medical Plan Plus - PSHVN	\$ 435	\$ 158	\$ 277
Uniform Medical Plan Plus - UW	\$ 435	\$ 158	\$ 277
Uniform Medical Plan CDHP	\$ 127	\$ 46	\$ 81
Uniform Medical Plan Select	\$ 228	\$ 83	\$ 145

Table 7: Post Tax Partner Share for "Full Family" Tier

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW Classic	\$ 520	\$ 331	\$ 189
Kaiser Permanente NW CDHP	\$ 102	\$ 65	\$ 37
Kaiser Permanente WA Classic	\$ 352	\$ 224	\$ 128
Kaiser Permanente WA Value	\$ 327	\$ 208	\$ 119
Kaiser Permanente WA SoundChoice	\$ 201	\$ 128	\$ 73
Kaiser Permanente WA CDHP	\$ 69	\$ 44	\$ 25
Uniform Medical Plan Classic	\$ 366	\$ 233	\$ 133
Uniform Medical Plan Plus - PSHVN	\$ 435	\$ 277	\$ 158
Uniform Medical Plan Plus - UW	\$ 435	\$ 277	\$ 158
Uniform Medical Plan CDHP	\$ 127	\$ 81	\$ 46
Uniform Medical Plan Select	\$ 228	\$ 145	\$ 83

Table 8: Post Tax Partner's Child(ren) Share for "Subscriber and Child(ren)" Tier

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Children
Kaiser Permanente NW Classic	\$ 331	\$ 189	\$ 142
Kaiser Permanente NW CDHP	\$ 65	\$ 37	\$ 28
Kaiser Permanente WA Classic	\$ 224	\$ 128	\$ 96
Kaiser Permanente WA Value	\$ 208	\$ 119	\$ 89
Kaiser Permanente WA SoundChoice	\$ 128	\$ 73	\$ 55
Kaiser Permanente WA CDHP	\$ 44	\$ 25	\$ 19
Uniform Medical Plan Classic	\$ 233	\$ 133	\$ 100
Uniform Medical Plan Plus - PSHVN	\$ 277	\$ 158	\$ 119
Uniform Medical Plan Plus - UW	\$ 277	\$ 158	\$ 119
Uniform Medical Plan CDHP	\$ 81	\$ 46	\$ 35
Uniform Medical Plan Select	\$ 145	\$ 83	\$ 62