



Washington State Health Care Authority
Public Employees Benefits Board

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August 28, 2024

TO: Personnel and Payroll Office of WA School Information Processing
Cooperative (WSIPC)

FROM: Amy Corrigan, Management Analyst 5
Program Outreach & Training Team

SUBJECT: Fiscal Year 2024-25 PEBB Program Rates – Composite

Overview

The monthly base rate of \$1,170 per eligible employee for health care contributions for fiscal year 2023-24 will remain unchanged until July 1, 2025.

Medical, Dental, and Vision Insurance

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

The routine vision benefit will be separate from medical coverage beginning January 1, 2025. All employees will be asked to elect one of the three vision plans.

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 the email subscription. This is the only notice the PEBB Program will send 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 premium rates. 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 in 2025.

Premium Surcharges

The tobacco use premium surcharge will remain at \$25 per month per account 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 annual open enrollment. In October, the PEBB Program will mail a letter to employees who need to attest. Employees can also find whether they need to attest in Benefits 24/7 during annual open enrollment.

Life, Accidental Death and Dismemberment (AD&D), and Long-Term Disability (LTD) Insurance

Employee's supplemental life and AD&D insurance premiums will remain the same for the 2025 plan year (unless an employee changes age brackets or increases their coverage).

The rate schedule for life insurance and Accidental Death and Dismemberment (AD&D) is attached.

Employee's supplemental LTD premiums have been adjusted for the 2025 plan year.

The rate schedule for LTD is attached.

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.

Attachments
c: Kodi Campbell

Washington State Health Care Authority

2025 PEBB Rate Book

Composite Active Rates for Employer Groups (for January through June 2025 only)

Grandfathered, no new entries.

	07/01/24 through 06/30/25	Total Premium: January - June 2025			
Plans	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 1,170	\$ 1,359	\$ 1,548	\$ 1,501	\$ 1,690
Kaiser Permanente NW CDHP	\$ 1,170	\$ 1,207	\$ 1,244	\$ 1,235	\$ 1,272
Kaiser Permanente WA Classic	\$ 1,170	\$ 1,298	\$ 1,426	\$ 1,394	\$ 1,522
Kaiser Permanente WA Value	\$ 1,170	\$ 1,289	\$ 1,408	\$ 1,378	\$ 1,497
Kaiser Permanente WA SoundChoice	\$ 1,170	\$ 1,243	\$ 1,316	\$ 1,298	\$ 1,371
Kaiser Permanente WA CDHP	\$ 1,170	\$ 1,195	\$ 1,220	\$ 1,214	\$ 1,239
Uniform Medical Plan Classic	\$ 1,170	\$ 1,303	\$ 1,436	\$ 1,403	\$ 1,536
Uniform Medical Plan Plus - PSHVN	\$ 1,170	\$ 1,328	\$ 1,486	\$ 1,447	\$ 1,605
Uniform Medical Plan Plus - UW	\$ 1,170	\$ 1,328	\$ 1,486	\$ 1,447	\$ 1,605
Uniform Medical Plan CDHP	\$ 1,170	\$ 1,216	\$ 1,262	\$ 1,251	\$ 1,297
Uniform Medical Plan Select	\$ 1,170	\$ 1,253	\$ 1,336	\$ 1,315	\$ 1,398

Surcharges								
Tobacco Use Surcharge	\$	25	\$	25	\$	25	\$	25
Spouse Waiver (AV) Surcharge	\$	-	\$	50	\$	-	\$	50

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2025 PEBB Rate Book

PEBB Life and AD&D Rates Paid to Plan and Charged to Subscribers

Employee Basic*	Monthly Cost:	\$	3.96
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Employee Supplemental		
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)		
Age	Non-Smoker	Smoker
<25	\$ 0.03	\$ 0.04
25-29	\$ 0.03	\$ 0.05
30-34	\$ 0.04	\$ 0.06
35-39	\$ 0.05	\$ 0.07
40-44	\$ 0.07	\$ 0.08
45-49	\$ 0.10	\$ 0.12
50-54	\$ 0.15	\$ 0.18
55-59	\$ 0.28	\$ 0.33
60-64	\$ 0.43	\$ 0.51
65-69	\$ 0.80	\$ 0.98
70+	\$ 1.19	\$ 1.59

Spouse/Registered Domestic Partner Life		
Monthly Cost for Each \$1,000 of Coverage (Up to 50% of Employee Supplemental in \$5,000 increments)		
Age	Non-Smoker	Smoker
<25	\$ 0.03	\$ 0.04
25-29	\$ 0.03	\$ 0.05
30-34	\$ 0.04	\$ 0.06
35-39	\$ 0.05	\$ 0.07
40-44	\$ 0.07	\$ 0.08
45-49	\$ 0.10	\$ 0.12
50-54	\$ 0.15	\$ 0.18
55-59	\$ 0.28	\$ 0.33
60-64	\$ 0.43	\$ 0.51
65-69	\$ 0.80	\$ 0.98
70+	\$ 1.19	\$ 1.59

Child Life	
Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)	
Age 2 weeks - 26 years	\$ 0.12

Employee Supplemental AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)	
Cost per \$1,000	\$ 0.02

Spouse/Registered Domestic Partner AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$10,000 increments)	
Cost per \$1,000	\$ 0.02

Child AD&D	
Monthly Cost for Each \$1,000 of Coverage (Available in \$5,000 increments)	
Cost per \$1,000	\$ 0.02

* Represents premium paid to Plan

For State Actives, Plan A Basic coverage is paid by the employer.

For Actives from Employer Groups, Accepting the Full Benefits Package, the premium for Plan A

Basic coverage is included in the rates for the selected medical plan.

Coverage is not provided to Actives from Employer Groups Accepting Medical Only Package.

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2025 PEBB Rate Book

PEBB Long Term Disability Plan - Rates Paid to Plan and Charged to Subscribers

Basic Plan for Actives	Monthly Cost*:	\$	2.10
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Optional Plan

	TIAA/CREF or Higher Education Academic Retirement Plan Employees		TRS, PERS, & other Retirement Plan Employees	
Waiting Period	60% Benefit (default)	50% Benefit (buy-down)	60% Benefit (default)	50% Benefit (buy-down)
90 days	0.0053	0.0032	0.0042	0.0025

* Represents premium paid to plan only.

For State Actives, Basic Plan coverage is funded by the state.

CWU and EWU included in higher-ed

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