



Washington State Health Care Authority
Public Employees Benefits Board
P.O. Box 42684 • Olympia, Washington 98504-2684
www.hca.wa.gov/public-employee-benefits

May 23, 2024

TO: All State Agencies, Four-Year Higher Education Institutions, Community and Technical Colleges, and Commodity Commissions

FROM: Amy Corrigan
ERB Outreach & Training

SUBJECT: Fiscal Year (FY) 2024-25 PEBB Program Rates—Composite

Beginning July 1, 2024 (FY 2024-25), the monthly employer base rate will be \$1,170 per employee per month. These rates were established in ESSB 5950 68th Legislature, 2024 Regular Session and cover benefits administered by the Health Care Authority (HCA) through the Public Employees Benefits Board (PEBB) Program.

Employee contributions and PEBB Continuation Coverage (COBRA and unpaid leave) rates will remain the same until January 1, 2025, when the new plan year begins. You will receive notification of the 2025 rates in the fall, prior to the PEBB Program open enrollment.

In addition to the employee medical plan premium, employees may be subject to a monthly \$25-per-account tobacco use and/or \$50 spouse or state-registered domestic partner coverage premium surcharge.

As a reminder, you must pay the full employer base-funding rate for every eligible employee as outlined in Title 182 WAC, including for those who waive medical coverage.

The base rate does not represent the actual cost of providing benefits to employees during the calendar year. The amounts shown below break out the base rate, which may vary from actual costs.

Benefit	Base Rate Breakout
Net Medical and Admin	\$ 1,083.32
Dental	\$ 80.63
Life	\$ 3.95
LTD	\$ 2.10
Total Base Rate	\$ 1,170

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

cc: Kodi Campbell, ERB Fiscal & Data Analyst

Washington State Health Care Authority
2024 PEBB Rate Book

Composite Active Rates for STATE and HIGHER ED, and Commodity Commissions (for July - December 2024)

Plans	07/01/24 through 06/30/25	Employee Contributions: CY 2024				Total Base Rates With Employee Contributions: July - December 2024			
	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 1,170	\$ 331	\$ 662	\$ 579	\$ 910	\$ 1,501	\$ 1,832	\$ 1,749	\$ 2,080
Kaiser Permanente NW CDHP	\$ 1,170	\$ 195	\$ 390	\$ 341	\$ 536	\$ 1,365	\$ 1,560	\$ 1,511	\$ 1,706
Kaiser Permanente WA Classic	\$ 1,170	\$ 226	\$ 452	\$ 396	\$ 622	\$ 1,396	\$ 1,622	\$ 1,566	\$ 1,792
Kaiser Permanente WA Value	\$ 1,170	\$ 211	\$ 422	\$ 369	\$ 580	\$ 1,381	\$ 1,592	\$ 1,539	\$ 1,750
Kaiser Permanente WA SoundChoice	\$ 1,170	\$ 69	\$ 138	\$ 121	\$ 190	\$ 1,239	\$ 1,308	\$ 1,291	\$ 1,360
Kaiser Permanente WA CDHP	\$ 1,170	\$ 26	\$ 52	\$ 46	\$ 72	\$ 1,196	\$ 1,222	\$ 1,216	\$ 1,242
Uniform Medical Plan Classic	\$ 1,170	\$ 124	\$ 248	\$ 217	\$ 341	\$ 1,294	\$ 1,418	\$ 1,387	\$ 1,511
Uniform Medical Plan Plus - PSHVN	\$ 1,170	\$ 109	\$ 218	\$ 191	\$ 300	\$ 1,279	\$ 1,388	\$ 1,361	\$ 1,470
Uniform Medical Plan Plus - UW	\$ 1,170	\$ 109	\$ 218	\$ 191	\$ 300	\$ 1,279	\$ 1,388	\$ 1,361	\$ 1,470
Uniform Medical Plan CDHP	\$ 1,170	\$ 35	\$ 70	\$ 61	\$ 96	\$ 1,205	\$ 1,240	\$ 1,231	\$ 1,266
Uniform Medical Plan Select	\$ 1,170	\$ 59	\$ 118	\$ 103	\$ 162	\$ 1,229	\$ 1,288	\$ 1,273	\$ 1,332

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