



Washington State Health Care Authority
School Employees Benefits Board
P.O. Box 42720 • Olympia, Washington 98504-2720
www.hca.wa.gov/sebb

July 15, 2024

TO: All K-12 School Districts, Charter Schools, and Educational Service Districts

FROM: Amy Corrigan
ERB Outreach and Training

SUBJECT: SEBB Program Rates for the K-12 School Districts, Charter Schools, and represented employees of Educational Service Districts

Beginning September 1, 2024 (school year 2024-25) the monthly employee base rate will be \$1,178 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 School Employees Benefits Board (SEBB) Program.

Employee contributions and SEBB Continuation Coverage (COBRA and unpaid leave) rates will remain the same until January 2025, when the new plan year begins. You will receive notification of the 2025 rates in the fall, prior to the SEBB 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 or waive medical, dental, and vision coverage to enroll in the PEBB Program.

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.

September 2024 – December 2024	
Benefit	Base Rate Breakout
Net Medical and Admin	\$1,067.24
Dental	\$92.17
Vision	\$12.53
Life	\$3.96
Long-Term Disability	\$2.10
Total Base Rate	\$1,178.00

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 SEBB Rate Book

Invoicing Rates for K12 Active with Surcharges (for September through December 2024)

Plans	September 2024 through August 2025	Employee Contributions: CY 2024				Total Base Rates With Employee Contributions: September through 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 1	\$ 1,178	\$ 67	\$ 134	\$ 117	\$ 201	\$ 1,245	\$ 1,312	\$ 1,295	\$ 1,379
Kaiser Permanente NW 2	\$ 1,178	\$ 105	\$ 210	\$ 184	\$ 315	\$ 1,283	\$ 1,388	\$ 1,362	\$ 1,493
Kaiser Permanente NW 3	\$ 1,178	\$ 196	\$ 392	\$ 343	\$ 588	\$ 1,374	\$ 1,570	\$ 1,521	\$ 1,766
Kaiser Permanente WA Core 1	\$ 1,178	\$ 48	\$ 96	\$ 84	\$ 144	\$ 1,226	\$ 1,274	\$ 1,262	\$ 1,322
Kaiser Permanente WA Core 2	\$ 1,178	\$ 98	\$ 196	\$ 172	\$ 294	\$ 1,276	\$ 1,374	\$ 1,350	\$ 1,472
Kaiser Permanente WA Core 3	\$ 1,178	\$ 149	\$ 298	\$ 261	\$ 447	\$ 1,327	\$ 1,476	\$ 1,439	\$ 1,625
Kaiser Permanente WA SoundChoice	\$ 1,178	\$ 115	\$ 230	\$ 201	\$ 345	\$ 1,293	\$ 1,408	\$ 1,379	\$ 1,523
Kaiser Permanente WA Summit 1	\$ 1,178	\$ 100	\$ 200	\$ 175	\$ 300	\$ 1,278	\$ 1,378	\$ 1,353	\$ 1,478
Kaiser Permanente WA Summit 2	\$ 1,178	\$ 143	\$ 286	\$ 250	\$ 429	\$ 1,321	\$ 1,464	\$ 1,428	\$ 1,607
Kaiser Permanente WA Summit 3	\$ 1,178	\$ 237	\$ 474	\$ 415	\$ 711	\$ 1,415	\$ 1,652	\$ 1,593	\$ 1,889
Premera Blue Cross High PPO	\$ 1,178	\$ 115	\$ 230	\$ 201	\$ 345	\$ 1,293	\$ 1,408	\$ 1,379	\$ 1,523
Premera Blue Cross Standard PPO	\$ 1,178	\$ 64	\$ 128	\$ 112	\$ 192	\$ 1,242	\$ 1,306	\$ 1,290	\$ 1,370
Premera Blue Cross HMO	\$ 1,178	\$ 20	\$ 40	\$ 35	\$ 60	\$ 1,198	\$ 1,218	\$ 1,213	\$ 1,238
Uniform Medical Plan Achieve 1	\$ 1,178	\$ 44	\$ 88	\$ 77	\$ 132	\$ 1,222	\$ 1,266	\$ 1,255	\$ 1,310
Uniform Medical Plan Achieve 2	\$ 1,178	\$ 113	\$ 226	\$ 198	\$ 339	\$ 1,291	\$ 1,404	\$ 1,376	\$ 1,517
Uniform Medical Plan High Deductible	\$ 1,178	\$ 21	\$ 42	\$ 37	\$ 63	\$ 1,199	\$ 1,220	\$ 1,215	\$ 1,241
Uniform Medical Plan Plus - PSHVN	\$ 1,178	\$ 86	\$ 172	\$ 151	\$ 258	\$ 1,264	\$ 1,350	\$ 1,329	\$ 1,436
Uniform Medical Plan Plus - UW	\$ 1,178	\$ 86	\$ 172	\$ 151	\$ 258	\$ 1,264	\$ 1,350	\$ 1,329	\$ 1,436

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