



Washington State Health Care Authority  
*School Employees Benefits Board*  
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[www.hca.wa.gov/sebb](http://www.hca.wa.gov/sebb)

August 30, 2024

To: Payroll and Benefits Offices of K-12 School Districts, Charter Schools, and Educational Service Districts

From: Amy Corrigan, Management Analyst 5  
Outreach and Training

Subject: SEBB Program Rates for employees with locally negotiated eligibility – Effective January 1, 2025

### **Overview**

The information included in this letter is for SEBB Organizations that are engaging in local negotiations regarding eligibility for school employees as described in [WAC 182-30-130](#).

The SEBB organization must provide a current ratified collective bargaining agreement (CBA) and information on all eligible school employees under the CBA to HCA by the start of the school year.

### **Medical, vision, and dental insurance**

To participate in the locally negotiated eligibility, the SEBB organization must offer all the following, and only the following: medical (including wellness incentive), dental, vision, basic life and basic accidental death and dismemberment (AD&D) insurance. The following benefits are not available to locally negotiated employees: long-term disability (LTD), medical flexible spending arrangement (FSA), Limited Purpose FSA, dependent care assistance program (DCAP), and supplemental life insurance.

A threshold of anticipated hours must be established for employees to be eligible under locally negotiated eligibility that is no less than 180 hours but less than 630 hours within the school year.

Monthly premiums for the employer and employee contribution for medical coverage effective January 1, 2025, are attached. Vision and dental coverage are employer-paid and are included in the employer contribution; there are no monthly employee premiums for vision or dental coverage.

If a school employee waives medical, the district must submit the cost of dental, vision, basic life and AD&D, the retiree subsidy and the admin fee.

### **SEBB Program annual open enrollment**

The School Employees Benefits Board (SEBB) Program's annual open enrollment is October 28 through 11:59 p.m. on November 25, 2024. In October, the SEBB Program will mail the *Intercom* newsletter to employees at the address we have on record or will send it electronically to those who subscribed to the email subscription. This is the only notice the SEBB Program will send to employees about the SEBB annual open enrollment. Information will also be available on the [SEBB Program](#) website in October.

## **Premium surcharges**

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

The spouse or state-registered domestic partner coverage premium surcharge will remain at \$50 per month in addition to the monthly medical premium for subscribers who cover a spouse or state-registered domestic partner in SEBB medical coverage 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 Public Employees Benefits Board (PEBB) Program Uniform Medical Plan (UMP) Classic.

Employees who cover a spouse or state-registered domestic partner on their 2025 medical coverage may have to attest to this premium surcharge during the SEBB Program annual open enrollment. In October, the SEBB 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 the annual open enrollment.

## **Additional taxable income for non-qualified tax dependents**

Certain individuals may not qualify under IRS regulations as dependents, so the pre-tax deduction of premiums from taxable income is not appropriate. Tax tables are attached to assist you in determining additional taxable income that should be assigned to employees if the employee's contributions are made for a non-qualified tax dependent.

Tables 1 and 2 provide monthly amounts for additional taxable income for non-qualified tax dependents for 2025. Tables 3-7 provide monthly payroll employee contributions (deductions for non-tax qualified dependents). If a dependent is a non-qualified tax dependent or is allowed late enrollment outside of the SEBB Program annual open enrollment, or when a special open enrollment occurs, use Tables 3-7 to determine the amount of the employee contribution to withhold on a post-tax basis for 2025.

Employees are required to complete the *SEBB Declaration of Tax Status* form when enrolling an individual on their SEBB Program insurance coverage who does not qualify as a dependent for tax purposes (e.g., a state-registered domestic partner or their eligible children).

If you have questions about the rates, please contact me at [amy.corrigan@hca.wa.gov](mailto:amy.corrigan@hca.wa.gov).

Attachments

C. Kodi Campbell

Washington State Health Care Authority  
2025 SEBB Rate Book

K-12 Active Tiered Rates for 6E Employee Benefits Package with Surcharge Tables

Plan	Employer Medical Contribution (EMC) 01/01/25 through 12/31/25				Employee Contributions: CY 2025				Total Base Rates With Employee Contributions: January - December 2025			
	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 63	\$ 126	\$ 110	\$ 189	\$ 859.30	\$ 1,632.30	\$ 1,438.80	\$ 2,405.30
Kaiser Permanente NW 2	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 98	\$ 196	\$ 172	\$ 294	\$ 894.30	\$ 1,702.30	\$ 1,500.80	\$ 2,510.30
Kaiser Permanente NW 3	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 265	\$ 530	\$ 464	\$ 795	\$ 1,061.30	\$ 2,036.30	\$ 1,792.80	\$ 3,011.30
Kaiser Permanente WA Core 1	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 23	\$ 46	\$ 40	\$ 69	\$ 819.30	\$ 1,552.30	\$ 1,368.80	\$ 2,285.30
Kaiser Permanente WA Core 2	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 55	\$ 110	\$ 96	\$ 165	\$ 851.30	\$ 1,616.30	\$ 1,424.80	\$ 2,381.30
Kaiser Permanente WA Core 3	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 208	\$ 416	\$ 364	\$ 624	\$ 1,004.30	\$ 1,922.30	\$ 1,692.80	\$ 2,840.30
Kaiser Permanente WA SoundChoice	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 122	\$ 244	\$ 214	\$ 366	\$ 918.30	\$ 1,750.30	\$ 1,542.80	\$ 2,582.30
Kaiser Permanente WA Summit 1	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 40	\$ 80	\$ 70	\$ 120	\$ 836.30	\$ 1,586.30	\$ 1,398.80	\$ 2,336.30
Kaiser Permanente WA Summit 2	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 114	\$ 228	\$ 200	\$ 342	\$ 910.30	\$ 1,734.30	\$ 1,528.80	\$ 2,558.30
Kaiser Permanente WA Summit 3	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 270	\$ 540	\$ 473	\$ 810	\$ 1,066.30	\$ 2,046.30	\$ 1,801.80	\$ 3,026.30
Premera Blue Cross High PPO	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 135	\$ 270	\$ 236	\$ 405	\$ 931.30	\$ 1,776.30	\$ 1,564.80	\$ 2,621.30
Premera Blue Cross Standard PPO	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 79	\$ 158	\$ 138	\$ 237	\$ 875.30	\$ 1,664.30	\$ 1,466.80	\$ 2,453.30
Premera Blue Cross HMO	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 17	\$ 34	\$ 30	\$ 51	\$ 813.30	\$ 1,540.30	\$ 1,358.80	\$ 2,267.30
Uniform Medical Plan Achieve 1	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 40	\$ 80	\$ 70	\$ 120	\$ 836.30	\$ 1,586.30	\$ 1,398.80	\$ 2,336.30
Uniform Medical Plan Achieve 2	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 125	\$ 250	\$ 219	\$ 375	\$ 921.30	\$ 1,756.30	\$ 1,547.80	\$ 2,591.30
Uniform Medical Plan High Deductible	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 21	\$ 42	\$ 37	\$ 63	\$ 817.30	\$ 1,548.30	\$ 1,365.80	\$ 2,279.30
Uniform Medical Plan Plus - PSHVN	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 104	\$ 208	\$ 182	\$ 312	\$ 900.30	\$ 1,714.30	\$ 1,510.80	\$ 2,528.30
Uniform Medical Plan Plus - UW	\$ 796.30	\$ 1,506.30	\$ 1,328.80	\$ 2,216.30	\$ 104	\$ 208	\$ 182	\$ 312	\$ 900.30	\$ 1,714.30	\$ 1,510.80	\$ 2,528.30
Medical Waived	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Surcharges**

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

**Employer contribution for dental**

Plans	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
DeltaCare	\$ 43.40	\$ 86.80	\$ 86.80	\$ 130.20
Willamette	\$ 52.37	\$ 104.74	\$ 104.74	\$ 157.11
Uniform Dental Plan	\$ 52.22	\$ 104.44	\$ 104.44	\$ 156.66

**Employer contribution for vision**

Plans	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Davis vision	\$ 4.97	\$ 9.94	\$ 8.70	\$ 14.91
MetLife vision	\$ 7.78	\$ 15.56	\$ 13.62	\$ 23.34
EyeMed	\$ 6.60	\$ 13.20	\$ 11.55	\$ 19.80

**SEBB Life and AD&D Rates paid to plan and charged to subscribers**

Employee Basic*	Monthly Cost:	\$ 3.96
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**Additional employer contribution**

Retiree subsidy	\$ 80.32
Admin fee	\$ 5.98

**Notes:**

- 100% of the monthly premium, by tier, for the medical plan selected by the 6E employee
- Calculation of Employer-share: EMC used for a RCW 41.05.740(6)(d) school employee multiplied by the applicable tier
- Calculation of the Employee-share: difference between the total monthly premium (i.e., "Total Base Rate"), for the applicable plan, and the EMC, by tier
- A 6E employee can only waive medical (they cannot waive dental or vision)

**Washington State Health Care Authority**

**2025 SEBB 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 PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Medical Plans	\$ 770	\$ 591	\$ 1,540

**Table 2: Employer Share Dental and Vision Only**

Sample chart for dental and vision only enrollment-taxable amount for dependents

DENTAL AND VISION PLAN	Partner*	Subscriber's or Partner's Child(ren)*	Partner and Child(ren)*
All Dental Plans	\$ 52	\$ 52	\$ 104
All Vision Plans	\$ 8	\$ 6	\$ 16

\*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

**Notes:**

- The default dental plan (UDP) is used for the purpose of this calculation
- The default vision plan (MetLife) is used for the purpose of this calculation

**Table 3: 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 1	\$ 63	\$ 126	\$ 110	\$ 189
Kaiser Permanente NW 2	\$ 98	\$ 196	\$ 172	\$ 294
Kaiser Permanente NW 3	\$ 265	\$ 530	\$ 464	\$ 795
Kaiser Permanente WA Core 1	\$ 23	\$ 46	\$ 40	\$ 69
Kaiser Permanente WA Core 2	\$ 55	\$ 110	\$ 96	\$ 165
Kaiser Permanente WA Core 3	\$ 208	\$ 416	\$ 364	\$ 624
Kaiser Permanente WA SoundChoice	\$ 122	\$ 244	\$ 214	\$ 366
Kaiser Permanente WA Summit 1	\$ 40	\$ 80	\$ 70	\$ 120
Kaiser Permanente WA Summit 2	\$ 114	\$ 228	\$ 200	\$ 342
Kaiser Permanente WA Summit 3	\$ 270	\$ 540	\$ 473	\$ 810
Premera Blue Cross High PPO	\$ 135	\$ 270	\$ 236	\$ 405
Premera Blue Cross Standard PPO	\$ 79	\$ 158	\$ 138	\$ 237
Premera Blue Cross HMO	\$ 17	\$ 34	\$ 30	\$ 51
Uniform Medical Plan Achieve 1	\$ 40	\$ 80	\$ 70	\$ 120
Uniform Medical Plan Achieve 2	\$ 125	\$ 250	\$ 219	\$ 375
Uniform Medical Plan High Deductible	\$ 21	\$ 42	\$ 37	\$ 63
Uniform Medical Plan Plus - PSHVN	\$ 104	\$ 208	\$ 182	\$ 312
Uniform Medical Plan Plus - UW	\$ 104	\$ 208	\$ 182	\$ 312

**Table 4: Post-Tax Partner Share for "Subscriber and Spouse" Tier**

Plan Name	Subscriber and Spouse	Subscriber	Partner
Kaiser Permanente NW 1	\$ 126	\$ 63	\$ 63
Kaiser Permanente NW 2	\$ 196	\$ 98	\$ 98
Kaiser Permanente NW 3	\$ 530	\$ 265	\$ 265
Kaiser Permanente WA Core 1	\$ 46	\$ 23	\$ 23
Kaiser Permanente WA Core 2	\$ 110	\$ 55	\$ 55
Kaiser Permanente WA Core 3	\$ 416	\$ 208	\$ 208
Kaiser Permanente WA SoundChoice	\$ 244	\$ 122	\$ 122
Kaiser Permanente WA Summit 1	\$ 80	\$ 40	\$ 40
Kaiser Permanente WA Summit 2	\$ 228	\$ 114	\$ 114
Kaiser Permanente WA Summit 3	\$ 540	\$ 270	\$ 270
Premera Blue Cross High PPO	\$ 270	\$ 135	\$ 135
Premera Blue Cross Standard PPO	\$ 158	\$ 79	\$ 79
Premera Blue Cross HMO	\$ 34	\$ 17	\$ 17
Uniform Medical Plan Achieve 1	\$ 80	\$ 40	\$ 40
Uniform Medical Plan Achieve 2	\$ 250	\$ 125	\$ 125
Uniform Medical Plan High Deductible	\$ 42	\$ 21	\$ 21
Uniform Medical Plan Plus - PSHVN	\$ 208	\$ 104	\$ 104
Uniform Medical Plan Plus - UW	\$ 208	\$ 104	\$ 104

**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 1	\$ 189	\$ 63	\$ 126
Kaiser Permanente NW 2	\$ 294	\$ 98	\$ 196
Kaiser Permanente NW 3	\$ 795	\$ 265	\$ 530
Kaiser Permanente WA Core 1	\$ 69	\$ 23	\$ 46
Kaiser Permanente WA Core 2	\$ 165	\$ 55	\$ 110
Kaiser Permanente WA Core 3	\$ 624	\$ 208	\$ 416
Kaiser Permanente WA SoundChoice	\$ 366	\$ 122	\$ 244
Kaiser Permanente WA Summit 1	\$ 120	\$ 40	\$ 80
Kaiser Permanente WA Summit 2	\$ 342	\$ 114	\$ 228
Kaiser Permanente WA Summit 3	\$ 810	\$ 270	\$ 540
Premera Blue Cross High PPO	\$ 405	\$ 135	\$ 270
Premera Blue Cross Standard PPO	\$ 237	\$ 79	\$ 158
Premera Blue Cross HMO	\$ 51	\$ 17	\$ 34
Uniform Medical Plan Achieve 1	\$ 120	\$ 40	\$ 80
Uniform Medical Plan Achieve 2	\$ 375	\$ 125	\$ 250
Uniform Medical Plan High Deductible	\$ 63	\$ 21	\$ 42
Uniform Medical Plan Plus - PSHVN	\$ 312	\$ 104	\$ 208
Uniform Medical Plan Plus - UW	\$ 312	\$ 104	\$ 208

**Table 5: Post Tax Partner Share for "Full Family" Tier**

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Kaiser Permanente NW 1	\$ 189	\$ 110	\$ 79
Kaiser Permanente NW 2	\$ 294	\$ 172	\$ 122
Kaiser Permanente NW 3	\$ 795	\$ 464	\$ 331
Kaiser Permanente WA Core 1	\$ 69	\$ 40	\$ 29
Kaiser Permanente WA Core 2	\$ 165	\$ 96	\$ 69
Kaiser Permanente WA Core 3	\$ 624	\$ 364	\$ 260
Kaiser Permanente WA SoundChoice	\$ 366	\$ 214	\$ 152
Kaiser Permanente WA Summit 1	\$ 120	\$ 70	\$ 50
Kaiser Permanente WA Summit 2	\$ 342	\$ 200	\$ 142
Kaiser Permanente WA Summit 3	\$ 810	\$ 473	\$ 337
Premera Blue Cross High PPO	\$ 405	\$ 236	\$ 169
Premera Blue Cross Standard PPO	\$ 237	\$ 138	\$ 99
Premera Blue Cross HMO	\$ 51	\$ 30	\$ 21
Uniform Medical Plan Achieve 1	\$ 120	\$ 70	\$ 50
Uniform Medical Plan Achieve 2	\$ 375	\$ 219	\$ 156
Uniform Medical Plan High Deductible	\$ 63	\$ 37	\$ 26
Uniform Medical Plan Plus - PSHVN	\$ 312	\$ 182	\$ 130
Uniform Medical Plan Plus - UW	\$ 312	\$ 182	\$ 130

**Table 7: 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 1	\$ 110	\$ 63	\$ 47
Kaiser Permanente NW 2	\$ 172	\$ 98	\$ 74
Kaiser Permanente NW 3	\$ 464	\$ 265	\$ 199
Kaiser Permanente WA Core 1	\$ 40	\$ 23	\$ 17
Kaiser Permanente WA Core 2	\$ 96	\$ 55	\$ 41
Kaiser Permanente WA Core 3	\$ 364	\$ 208	\$ 156
Kaiser Permanente WA SoundChoice	\$ 214	\$ 122	\$ 92
Kaiser Permanente WA Summit 1	\$ 70	\$ 40	\$ 30
Kaiser Permanente WA Summit 2	\$ 200	\$ 114	\$ 86
Kaiser Permanente WA Summit 3	\$ 473	\$ 270	\$ 203
Premera Blue Cross High PPO	\$ 236	\$ 135	\$ 101
Premera Blue Cross Standard PPO	\$ 138	\$ 79	\$ 59
Premera Blue Cross HMO	\$ 30	\$ 17	\$ 13
Uniform Medical Plan Achieve 1	\$ 70	\$ 40	\$ 30
Uniform Medical Plan Achieve 2	\$ 219	\$ 125	\$ 94
Uniform Medical Plan High Deductible	\$ 37	\$ 21	\$ 16
Uniform Medical Plan Plus - PSHVN	\$ 182	\$ 104	\$ 78
Uniform Medical Plan Plus - UW	\$ 182	\$ 104	\$ 78