



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

August 30, 2024

To: Payroll and Benefits Offices of Tribal Schools and employee organizations representing school employees

From: Amy Corrigan, Management Analyst 5
Outreach and Training

Subject: SEBB Program Rates – Tiered – Full Benefits Package

Medical, vision, and dental insurance

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

Employer Groups Rate Surcharge

Senate Bill 5275 requires participating tribal schools and employee organizations representing school employees incur an employer group rate surcharge. The employer group rate surcharge is applied to the monthly rate.

Premium surcharges

Employee must attest to the tobacco use premium surcharge for themselves and each of their dependents, age 13 or older, enrolled in SEBB medical. Employees who do not attest will be charged the \$25 per month premium surcharge in addition to their medical premium.

The tobacco use premium surcharge is \$25 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 is \$50 per month in addition to the monthly medical premium. It applies to subscribers who cover a spouse or state-registered domestic partner in SEBB medical coverage who choose 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 medical coverage must attest to this premium surcharge. Employees who do not attest will be charged the \$50 monthly premium surcharge in addition to their monthly medical premium.

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

Basic life and AD&D insurance are employer-paid. Employees pay for supplemental life and AD&D for themselves and family members. The rates are attached.

Basic LTD is employer paid. Employees will be automatically defaulted into the 60% employee-paid LTD with a 90-day waiting period. The employee has the option to reduce the benefit to 50% or decline the benefit. The rates are attached.

Additional taxable income for non-qualified tax 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 1-7]. 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 SEBB Rate Book**

Employee organizations groups representing school employees and Tribal School Employees, Tiered rates; full package (medical, dental, vision, life, LTD, admin, retiree charge, self-pay admin and employer group surcharge)

Plan	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW 1	\$ 971.10	\$ 1,744.54	\$ 1,551.18	\$ 2,517.99
Kaiser Permanente NW 2	\$ 1,006.11	\$ 1,814.57	\$ 1,612.45	\$ 2,623.02
Kaiser Permanente NW 3	\$ 1,172.22	\$ 2,146.77	\$ 1,903.13	\$ 3,121.33
Kaiser Permanente WA Core 1	\$ 931.11	\$ 1,664.56	\$ 1,481.20	\$ 2,398.01
Kaiser Permanente WA Core 2	\$ 962.85	\$ 1,728.05	\$ 1,536.75	\$ 2,493.24
Kaiser Permanente WA Core 3	\$ 1,115.75	\$ 2,033.83	\$ 1,804.31	\$ 2,951.92
Kaiser Permanente WA SoundChoice	\$ 1,030.03	\$ 1,862.41	\$ 1,654.31	\$ 2,694.78
Kaiser Permanente WA Summit 1	\$ 947.49	\$ 1,697.32	\$ 1,509.86	\$ 2,447.15
Kaiser Permanente WA Summit 2	\$ 1,021.35	\$ 1,845.04	\$ 1,639.12	\$ 2,668.73
Kaiser Permanente WA Summit 3	\$ 1,178.05	\$ 2,158.45	\$ 1,913.35	\$ 3,138.84
Premera Blue Cross High PPO	\$ 1,042.77	\$ 1,887.88	\$ 1,676.60	\$ 2,732.98
Premera Blue Cross Standard PPO	\$ 986.51	\$ 1,775.37	\$ 1,578.15	\$ 2,564.22
Premera Blue Cross HMO	\$ 924.58	\$ 1,651.51	\$ 1,469.78	\$ 2,378.43
Uniform Medical Plan Achieve 1	\$ 947.20	\$ 1,696.74	\$ 1,509.35	\$ 2,446.28
Uniform Medical Plan Achieve 2	\$ 1,032.40	\$ 1,867.14	\$ 1,658.45	\$ 2,701.88
Uniform Medical Plan High Deductible	\$ 934.09	\$ 1,670.00	\$ 1,493.83	\$ 2,374.66
Uniform Medical Plan Plus - PSHVN	\$ 1,011.52	\$ 1,825.38	\$ 1,621.91	\$ 2,639.24
Uniform Medical Plan Plus - UW	\$ 1,011.52	\$ 1,825.38	\$ 1,621.91	\$ 2,639.24
Medical Waived	\$ 197.66	\$ 197.66	\$ 197.66	\$ 197.66
Medical, Dental & Vision Waived	\$ 92.36	\$ 92.36	\$ 92.36	\$ 92.36

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

Washington State Health Care Authority

2025 SEBB Rate Book

SEBB 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	\$ 0.04	\$ 0.05
25-29	\$ 0.04	\$ 0.06
30-34	\$ 0.05	\$ 0.08
35-39	\$ 0.06	\$ 0.09
40-44	\$ 0.09	\$ 0.10
45-49	\$ 0.13	\$ 0.15
50-54	\$ 0.19	\$ 0.23
55-59	\$ 0.35	\$ 0.40
60-64	\$ 0.53	\$ 0.63
65-69	\$ 0.96	\$ 1.22
70+	\$ 1.44	\$ 1.99

Spouse/State 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	\$ 0.04	\$ 0.05
25-29	\$ 0.04	\$ 0.06
30-34	\$ 0.05	\$ 0.08
35-39	\$ 0.06	\$ 0.09
40-44	\$ 0.09	\$ 0.10
45-49	\$ 0.13	\$ 0.15
50-54	\$ 0.19	\$ 0.23
55-59	\$ 0.35	\$ 0.40
60-64	\$ 0.53	\$ 0.63
65-69	\$ 0.96	\$ 1.22
70+	\$ 1.44	\$ 1.99

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 K12 Actives and 6E, Plan A Basic coverage is paid by the employer.

Washington State Health Care Authority

2025 SEBB Rate Book

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

Basic Plan for Actives	Monthly Cost*:
	\$ 2.10

Optional Plan

Age	60% Benefit	50% Benefit
	(default)	(buy-down)
< 30	0.0009	0.0006
30-34	0.0012	0.0007
35-39	0.0018	0.0011
40-44	0.0026	0.0015
45-49	0.0035	0.0021
50-54	0.0048	0.0029
55-59	0.0058	0.0035
60-64	0.0060	0.0036
65+	0.0061	0.0037

* Represents premium paid to plan only.

Notes:

- For K12 Actives, Basic Plan coverage is paid by the employer
- Based on age as of January 1st each year

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