



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 K-12 School Districts, Charter Schools, and Educational Service Districts

From: Amy Corrigan, Management Analyst 5
Outreach and Training

Subject: SEBB Program Rates – Effective January 1, 2025

Overview

The monthly base rate (employer contribution) of \$1,178 per eligible employee for health care contributions will remain unchanged until August 31, 2025. This is the amount due to the Health Care Authority (HCA) even if an employee chooses to waive medical coverage. Employees may only waive SEBB medical, dental, and vision coverage if enrolled in PEBB medical and dental as a subscriber or a dependent.

Medical, dental, and vision insurance

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

The base rate breakout 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.

January 1, 2025 through August 31, 2025	
Benefit	Base Rate Breakout
Net medical and admin fees	\$1,066.64
Dental	\$92.78
Vision	\$12.52
Life	\$3.96
Long-term Disability	\$2.10
Total base rate	\$1,178

SEBB Program annual open enrollment

The School Employees Benefits Board (SEBB) Program's annual open enrollment is October 28 through November 25, 2024, 11:59 p.m. 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.

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

Employee 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 and AD&D is attached.

Employee supplemental LTD premiums have been adjusted for 2025.

The rate schedule for LTD is attached.

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.

Attachments

C. Kodi Campbell

Washington State Health Care Authority

2025 SEBB Rate Book

K12 Active Employee Contribution with Surcharges

Plan	9.1.2024 through 8.30.2025	Employee Contribution				Total Base Rates With Employee Contributions: January through August 2025			
	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	\$ 63	\$ 126	\$ 110	\$ 189	\$ 1,241	\$ 1,304	\$ 1,288	\$ 1,367
Kaiser Permanente NW 2	\$ 1,178	\$ 98	\$ 196	\$ 172	\$ 294	\$ 1,276	\$ 1,374	\$ 1,350	\$ 1,472
Kaiser Permanente NW 3	\$ 1,178	\$ 265	\$ 530	\$ 464	\$ 795	\$ 1,443	\$ 1,708	\$ 1,642	\$ 1,973
Kaiser Permanente WA Core 1	\$ 1,178	\$ 23	\$ 46	\$ 40	\$ 69	\$ 1,201	\$ 1,224	\$ 1,218	\$ 1,247
Kaiser Permanente WA Core 2	\$ 1,178	\$ 55	\$ 110	\$ 96	\$ 165	\$ 1,233	\$ 1,288	\$ 1,274	\$ 1,343
Kaiser Permanente WA Core 3	\$ 1,178	\$ 208	\$ 416	\$ 364	\$ 624	\$ 1,386	\$ 1,594	\$ 1,542	\$ 1,802
Kaiser Permanente WA SoundChoice	\$ 1,178	\$ 122	\$ 244	\$ 214	\$ 366	\$ 1,300	\$ 1,422	\$ 1,392	\$ 1,544
Kaiser Permanente WA Summit 1	\$ 1,178	\$ 40	\$ 80	\$ 70	\$ 120	\$ 1,218	\$ 1,258	\$ 1,248	\$ 1,298
Kaiser Permanente WA Summit 2	\$ 1,178	\$ 114	\$ 228	\$ 200	\$ 342	\$ 1,292	\$ 1,406	\$ 1,378	\$ 1,520
Kaiser Permanente WA Summit 3	\$ 1,178	\$ 270	\$ 540	\$ 473	\$ 810	\$ 1,448	\$ 1,718	\$ 1,651	\$ 1,988
Premera Blue Cross High PPO	\$ 1,178	\$ 135	\$ 270	\$ 236	\$ 405	\$ 1,313	\$ 1,448	\$ 1,414	\$ 1,583
Premera Blue Cross Standard PPO	\$ 1,178	\$ 79	\$ 158	\$ 138	\$ 237	\$ 1,257	\$ 1,336	\$ 1,316	\$ 1,415
Premera Blue Cross HMO	\$ 1,178	\$ 17	\$ 34	\$ 30	\$ 51	\$ 1,195	\$ 1,212	\$ 1,208	\$ 1,229
Uniform Medical Plan Achieve 1	\$ 1,178	\$ 40	\$ 80	\$ 70	\$ 120	\$ 1,218	\$ 1,258	\$ 1,248	\$ 1,298
Uniform Medical Plan Achieve 2	\$ 1,178	\$ 125	\$ 250	\$ 219	\$ 375	\$ 1,303	\$ 1,428	\$ 1,397	\$ 1,553
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	\$ 104	\$ 208	\$ 182	\$ 312	\$ 1,282	\$ 1,386	\$ 1,360	\$ 1,490
Uniform Medical Plan Plus - UW	\$ 1,178	\$ 104	\$ 208	\$ 182	\$ 312	\$ 1,282	\$ 1,386	\$ 1,360	\$ 1,490

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

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