

**Washington State Health Care Authority
2025 PEBB Rate Book**

Employer Groups (Political Subdivisions and Tribal Governments) Active Tiered Rates for Full Benefits Package & Medical Only Package Premium Rate Elements

Plans	Full Benefits Package			
	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 1,119.43	\$ 2,067.26	\$ 1,830.30	\$ 2,778.13
Kaiser Permanente NW CDHP	\$ 972.73	\$ 1,772.50	\$ 1,587.14	\$ 2,328.59
Kaiser Permanente WA Classic	\$ 1,058.89	\$ 1,946.17	\$ 1,724.35	\$ 2,611.64
Kaiser Permanente WA Value	\$ 1,049.17	\$ 1,926.73	\$ 1,707.34	\$ 2,584.91
Kaiser Permanente WA SoundChoice	\$ 1,003.26	\$ 1,834.92	\$ 1,627.00	\$ 2,458.66
Kaiser Permanente WA CDHP	\$ 960.86	\$ 1,748.76	\$ 1,566.37	\$ 2,295.94
Uniform Medical Plan Classic	\$ 1,064.01	\$ 1,956.42	\$ 1,733.32	\$ 2,625.73
Uniform Medical Plan Plus - PSHVN	\$ 1,088.86	\$ 2,006.12	\$ 1,776.81	\$ 2,694.07
Uniform Medical Plan Plus - UW	\$ 1,088.86	\$ 2,006.12	\$ 1,776.81	\$ 2,694.07
Uniform Medical Plan CDHP	\$ 981.91	\$ 1,790.86	\$ 1,603.21	\$ 2,353.83
Uniform Medical Plan Select	\$ 1,013.41	\$ 1,855.22	\$ 1,644.77	\$ 2,486.58

Medical Only			
Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
\$ 1,015.17	\$ 1,963.00	\$ 1,726.04	\$ 2,673.87
\$ 868.48	\$ 1,668.25	\$ 1,482.89	\$ 2,224.34
\$ 954.63	\$ 1,841.91	\$ 1,620.09	\$ 2,507.38
\$ 944.91	\$ 1,822.47	\$ 1,603.08	\$ 2,480.65
\$ 899.00	\$ 1,730.66	\$ 1,522.74	\$ 2,354.40
\$ 856.61	\$ 1,644.51	\$ 1,462.12	\$ 2,191.69
\$ 959.75	\$ 1,852.16	\$ 1,629.06	\$ 2,521.47
\$ 984.60	\$ 1,901.86	\$ 1,672.55	\$ 2,589.81
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\$ 877.66	\$ 1,686.61	\$ 1,498.96	\$ 2,249.58
\$ 909.15	\$ 1,750.96	\$ 1,540.51	\$ 2,382.32

Medical Premium Rate Element	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic	\$ 947.83	\$ 1,895.66	\$ 1,658.70	\$ 2,606.53
Kaiser Permanente NW CDHP	\$ 801.13	\$ 1,600.90	\$ 1,415.54	\$ 2,156.99
Kaiser Permanente WA Classic	\$ 887.29	\$ 1,774.57	\$ 1,552.75	\$ 2,440.04
Kaiser Permanente WA Value	\$ 877.57	\$ 1,755.13	\$ 1,535.74	\$ 2,413.31
Kaiser Permanente WA SoundChoice	\$ 831.66	\$ 1,663.32	\$ 1,455.40	\$ 2,287.06
Kaiser Permanente WA CDHP	\$ 789.26	\$ 1,577.16	\$ 1,394.77	\$ 2,124.34
Uniform Medical Plan Classic	\$ 892.41	\$ 1,784.82	\$ 1,561.72	\$ 2,454.13
Uniform Medical Plan Plus - PSHVN	\$ 917.26	\$ 1,834.52	\$ 1,605.21	\$ 2,522.47
Uniform Medical Plan Plus - UW	\$ 917.26	\$ 1,834.52	\$ 1,605.21	\$ 2,522.47
Uniform Medical Plan CDHP	\$ 810.31	\$ 1,619.26	\$ 1,431.61	\$ 2,182.23
Uniform Medical Plan Select	\$ 841.81	\$ 1,683.62	\$ 1,473.17	\$ 2,314.98

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\$ 841.81	\$ 1,683.62	\$ 1,473.17	\$ 2,314.98

Premium Rate elements other than medical	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Tiered and Self-Pay Admin	\$ 5.71	\$ 5.71	\$ 5.71	\$ 5.71
Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96
LTD	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10
Dental	\$ 84.75	\$ 84.75	\$ 84.75	\$ 84.75
Vision	\$ 13.45	\$ 13.45	\$ 13.45	\$ 13.45
Retiree Subsidy Charged	\$ 61.63	\$ 61.63	\$ 61.63	\$ 61.63
Medical Waived	\$ 171.60	\$ 171.60	\$ 171.60	\$ 171.60
Medical, Dental, and Vision Waived for SEBB	\$ 73.40	\$ 73.40	\$ 73.40	\$ 73.40

\$ 5.71	\$ 5.71	\$ 5.71	\$ 5.71
\$ 61.63	\$ 61.63	\$ 61.63	\$ 61.63
\$ 67.34	\$ 67.34	\$ 67.34	\$ 67.34
\$ 73.40	\$ 73.40	\$ 73.40	\$ 73.40

Surcharges	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Tobacco Use Surcharge	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
Spouse Waiver (AV) Surcharge	\$ -	\$ 50.00	\$ -	\$ 50.00

\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
\$ -	\$ 50.00	\$ -	\$ 50.00

These rates **do not include** the employer group rate surcharge authorized by RCW 41.05.050(2) (as amended by SB6475 (2016)), which for 2025 are \$12 for a single subscriber, \$24 for a subscriber and spouse, \$21 for subscriber and child(ren), and \$33 for full family coverage including the offset from the employer group rate surcharge to the non political subdivision rates.