

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

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To:Payroll and Benefits OfficesFrom:Amy Corrigan, Management Analyst 5<br/>Outreach and TrainingSubject:SEBB Program Rates – Board Members

Beginning January 1, 2024, School Employees Benefits Board (SEBB) organizations will no longer contract with the Health Care Authority to provide Public Employees Benefits Board (PEBB) benefits for district board members interested in participation. The board members will have the option to individually enroll through the SEBB Program in SEBB medical, dental, and vision coverage.

For board members serving a term, they can participate on a self-pay basis. This participation can automatically renew at the start of each subsequent term as a school board member.

## Medical, vision, and dental insurance

In the event a board member chooses participation, they are required to enroll in SEBB medical, dental, and vision plans. Enrolling eligible dependents is also an option. While board members qualify for wellness incentives, they are not eligible for PEBB retiree insurance coverage.

## **Premium surcharges**

Board members might incur the tobacco use premium surcharge and the spouse or state-registered domestic partner premium surcharge. Board members must attest to the tobacco use premium surcharge for themselves and each of their dependents, age 13 or older, enrolled in SEBB medical. Not attesting will result in a \$25 per month surcharge alongside the medical premium. The tobacco use surcharge remains \$25 monthly, regardless of the number of tobacco users on the account.

The spouse or state-registered domestic partner coverage premium surcharge is \$50 per month, in addition to the monthly medical premium. Board members with a spouse or partner covered in SEBB medical, who choose not to enroll in an equivalent employer-based group medical plan like the Public Employees Benefits Board (PEBB) Program Uniform Medical Plan (UMP) Classic, will face this surcharge. Attestation is mandatory for this surcharge. If they do not attest, a \$50 monthly premium surcharge will apply, along with the regular medical premium.

## **Current School Board Members**

Current school board members have between November 1, 2023 and February 29, 2024 to submit their enrollment form and required documents to the SEBB Program.

If forms are received on or before December 31, 2023, coverage begins January 1, 2024. The initial premium payment and applicable premium surcharges must be received no later than 45 days after January 1, 2024.

If forms are received between January 1, 2024 and February 29, 2024, coverage begins the first day of the month following the date the forms are received. The initial premium and applicable premium surcharges must be received no later than 45 days after February 29, 2024.

## **Newly Elected School Board Members**

Newly elected school board members must submit their enrollment form and required documents to the SEBB Program within 60 days from the start of their elected or appointed term. Coverage begins the first day of the month following the date the forms are received. The initial premium payment and relevant premium surcharges must be received no later than 45 days after the 60-day election period ends.

## Terminating participation

If a school board member voluntarily terminates coverage before their term ends or is terminated for non-payment, they are no longer eligible for coverage.

For inquiries regarding rates, please contact me at <u>amy.corrigan@hca.wa.gov</u>.

Attachments

C. Kate LaBelle

# Washington State Health Care Authority 2024 SEBB Rate Book

School Board Members, Rates for Medical, dental, and vision; Does not include LTD, Life and Retiree Charge

Plan	Subscriber		ubscriber and Spouse	d Subscriber and Child(ren)		Full Family		
Kaiser Permanente NW 1	\$ 719.12	\$	1,432.21	\$	1,253.94	\$	2,145.30	
Kaiser Permanente NW 2	\$ 757.32	\$	1,508.61	\$	1,320.79	\$	2,259.90	
Kaiser Permanente NW 3	\$ 848.50	\$	1,690.97	\$	1,480.35	\$	2,533.44	
Kaiser Permanente WA Core 1	\$ 700.26	\$	1,394.49	\$	1,220.93	\$	2,088.72	
Kaiser Permanente WA Core 2	\$ 750.15	\$	1,494.27	\$	1,308.24	\$	2,238.39	
Kaiser Permanente WA Core 3	\$ 800.54	\$	1,595.05	\$	1,396.42	\$	2,389.56	
Kaiser Permanente WA SoundChoice	\$ 766.71	\$	1,527.39	\$	1,337.22	\$	2,288.07	
Kaiser Permanente WA Summit 1	\$ 751.68	\$	1,497.33	\$	1,310.92	\$	2,242.98	
Kaiser Permanente WA Summit 2	\$ 795.12	\$	1,584.20	\$	1,386.93	\$	2,373.29	
Kaiser Permanente WA Summit 3	\$ 889.10	\$	1,772.17	\$	1,551.40	\$	2,655.24	
Premera Blue Cross High PPO	\$ 766.88	\$	1,527.74	\$	1,337.52	\$	2,288.59	
Premera Blue Cross Standard PPO	\$ 716.24	\$	1,426.45	\$	1,248.90	\$	2,136.66	
Premera Blue Cross HMO	\$ 672.48	\$	1,338.93	\$	1,172.32	\$	2,005.38	
Uniform Medical Plan Achieve 1	\$ 695.67	\$	1,385.31	\$	1,212.90	\$	2,074.95	
Uniform Medical Plan Achieve 2	\$ 765.45	\$	1,524.87	\$	1,335.02	\$	2,284.29	
Uniform Medical Plan High Deductible	\$ 678.17	\$	1,350.10	\$	1,189.93	\$	1,990.78	
Uniform Medical Plan Plus - PSHVN	\$ 738.36	\$	1,470.69	\$	1,287.61	\$	2,203.02	
Uniform Medical Plan Plus - UW	\$ 738.36	\$	1,470.69	\$	1,287.61	\$	2,203.02	

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

## **SEBB Dental Plan Rates**

Enrollment Tier	DeltaCare	Willamette	Uniform Dental Plan		
Subscriber Only	\$ 43.40	\$ 52.37	\$	51.77	
Subscriber and Spouse	\$ 86.80	\$ 104.74	\$	103.54	
Subscriber and Child(ren)	\$ 86.80	\$ 104.74	\$	103.54	
Full Family	\$ 130.20	\$ 157.11	\$	155.31	

#### **SEBB Vision Plan Rates**

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