

2023 SEBB School Employee Monthly Premiums, Deductibles, and Out-of-Pocket Limits



Effective January 1, 2023

There are no employee premiums for dental or vision coverage, basic life insurance, basic accidental death and dismemberment insurance, or employer-paid long-term disability insurance. These benefits are paid for by your employer. You only pay the employee share of the monthly medical premium as shown in the table below. See next page for premium surcharge information. Deductibles and out-of-pocket limits are shown to help compare plans based on other out-of-pocket costs.

What you pay	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Foundation Health Plan of the Northwest ¹			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
Annual costs								
Medical deductible	\$1,250/person \$2,500/family	\$750/person \$1,500/family	\$125/person \$250/family	\$1,250/person \$3,750/family	\$750/person \$2,250/family	\$250/person \$750/family	\$125/person \$375/family	\$750/person \$1,500/family
Medical out-of-pocket limit	\$4,500/person \$9,000/family	\$4,000/person \$8,000/family	\$2,500/person \$5,000/family	\$4,000/person \$8,000/family	\$3,000/person \$6,000/family	\$2,000/person \$4,000/family		\$3,500/person \$7,000/family
Prescription drug deductible	None			None				None
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit				Comb. with medical limit
Monthly premiums								
Subscriber only	\$31	\$57	\$89	\$38	\$43	\$120	\$74	\$25
Subscriber & spouse ²	\$62	\$114	\$178	\$76	\$86	\$240	\$148	\$50
Subscriber & children	\$54	\$100	\$156	\$67	\$75	\$210	\$130	\$44
Subscriber, spouse, ² & children	\$93	\$171	\$267	\$114	\$129	\$360	\$222	\$75

(continued next page)

1. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.
 2. Or state-registered domestic partner.

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options ¹			Premera Blue Cross		Uniform Medical Plan ²			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	UMP Plus	High Deductible

Annual costs

Medical deductible	\$1,250/ person \$2,500/ family	\$750/ person \$1,500/ family	\$250/ person \$500/family	\$750/ person \$1,875/ family	\$1,250/ person \$3,125/ family	\$750/ person \$2,250/ family	\$250/ person \$750/family	\$125/ person \$375/family	\$1,500/ person \$3,000/ family
Medical out-of-pocket limit	\$4,500/ person \$9,000/ family	\$3,500/ person \$7,000/ family	\$2,500/ person \$5,000/ family	\$3,500/ person \$7,000/ family	\$5,000/ person \$10,000/ family	\$3,500/ person \$7,000/ family	\$2,000/person \$4,000/family		\$4,200 ³ / person \$8,400 ³ / family
Prescription drug deductible	None			\$125/ person \$312/family	\$250/ person \$750/family	\$250 ⁴ / person \$750 ⁴ / family	\$100 ⁴ / person \$300 ⁴ / family	None	Comb. with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit		\$2,000/person \$4,000/family			Comb. with medical limit ³

Monthly premiums

Subscriber only	\$77	\$106	\$142	\$97	\$49	\$42	\$105	\$83	\$28
Subscriber & spouse ⁵	\$154	\$212	\$284	\$194	\$98	\$84	\$210	\$166	\$56
Subscriber & children	\$135	\$186	\$249	\$170	\$86	\$74	\$184	\$145	\$49
Subscriber, spouse, ⁵ & children	\$231	\$318	\$426	\$291	\$147	\$126	\$315	\$249	\$84

Medical premium surcharges

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if the conditions described below apply or if you do not attest to the surcharges when required.

- A monthly \$25-per-account tobacco use medical premium surcharge will apply if you or any dependent (age 13 and older) enrolled on your SEBB coverage uses a tobacco product.
- A monthly \$50 spouse or state-registered domestic partner coverage medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner in SEBB medical coverage and they have chosen not to enroll in another employer-based group medical plan that is comparable to the Public Employees Benefits Board (PEBB) Program's Uniform Medical Plan (UMP) Classic.

For more guidance on whether these premium surcharges apply to you, see the *2023 SEBB Premium Surcharge Attestation Help Sheet* on HCA's website at hca.wa.gov/sebb-employee.

1. Cost shares shown are only for Tier 1 providers or pharmacies. Replaces Access PPO plans.
2. Administered by Regence BlueShield and Washington State Rx Services.
3. Not to exceed \$7,000/member.
4. Applies to Tier 2 only, except covered insulins.
5. Or state-registered domestic partner.