

# 2009 PEBB Reduced-Premium COBRA Monthly Rates

Effective March 1, 2009

## Special Requirements

- To qualify for the reduced-premium COBRA rates, you must have been involuntarily terminated from your employer between September 1, 2008 and December 31, 2009 and qualify for PEBB continuation coverage; AND
- You must not be eligible for Medicare or coverage under any other group health plan, such as a plan sponsored by another employer or your spouse's employer.
- To cover your eligible family members in reduced-premium COBRA coverage, they must have been covered as of the last day of your employer-sponsored PEBB health coverage. (**Exception:** You may cover any new dependents born, adopted, or placed for adoption after your COBRA coverage begins.)
- If you qualify for a second COBRA election opportunity and the COBRA premium reduction, you may also choose different coverage or plan(s) than what you had under your employer-sponsored coverage. This can be a different type of coverage (from medical and dental coverage to medical-only coverage) or a different health plan in your county of residence. However, the different coverage or health plan you choose must cost the **same or less than** the coverage you had at the time of the involuntary termination. (See back for coverage and plan options available to you.)

### Medical Plans

	Aetna Public Employees Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	Kaiser Permanente Value	Uniform Medical Plan
<b>Subscriber Only</b>	\$ 179.70	\$ 177.97	\$ 149.15	\$ 166.81	\$ 151.85	\$ 149.53
<b>Subscriber &amp; Spouse</b>	357.27	353.81	296.18	331.48	301.58	296.94
<b>Subscriber &amp; Child(ren)</b>	312.88	309.85	259.42	290.31	264.15	260.09
<b>Full Family</b>	490.45	485.70	406.44	454.99	413.87	407.49

Dental Plans with Medical Plan	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan	Willamette Dental
<b>Subscriber Only</b>	\$ 13.01	\$ 14.59	\$ 12.96
<b>Subscriber &amp; Spouse</b>	26.03	29.18	25.92
<b>Subscriber &amp; Child(ren)</b>	26.03	29.18	25.92
<b>Full Family</b>	39.04	43.77	38.88

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# Interested in changing types of PEBB coverage or health plans?

To receive the COBRA reduced premium, the type of PEBB coverage and health plan you choose must cost the **same or less than** the PEBB coverage you had through your employer at the time of your involuntary termination. You may either choose the same PEBB coverage and health plan(s) you had as an employee, or change your PEBB coverage and health plan(s) according to the tables below.

Table 1: Changing types of PEBB coverage

If you had this type of PEBB coverage as an employee...	You can select one of these types of PEBB coverage...	But you cannot change to this type of PEBB coverage
Medical and dental	Medical and dental Medical only	Dental only
Medical only	Medical only	Dental only

Table 2: Changing PEBB medical plans

If you had this PEBB medical plan as an employee...	You can select one of these PEBB medical plans*...	But you cannot change to these PEBB medical plans
Aetna Public Employees Plan	Aetna Public Employees Plan Group Health Classic Group Health Value Kaiser Permanente Classic Kaiser Permanente Value Uniform Medical Plan	N/A
Group Health Classic	Group Health Classic Group Health Value Kaiser Permanente Classic Kaiser Permanente Value Uniform Medical Plan	Aetna Public Employees Plan
Group Health Value	Group Health Value	Aetna Public Employees Plan Group Health Classic Kaiser Permanente Classic Kaiser Permanente Value Uniform Medical Plan
Kaiser Permanente Classic	Group Health Value Kaiser Permanente Classic Kaiser Permanente Value Uniform Medical Plan	Aetna Public Employees Plan Group Health Classic
Kaiser Permanente Value	Group Health Value Kaiser Permanente Value Uniform Medical Plan	Aetna Public Employees Plan Group Health Classic Kaiser Permanente Classic
Uniform Medical Plan	Group Health Value Uniform Medical Plan	Aetna Public Employees Plan Group Health Classic Kaiser Permanente Classic Kaiser Permanente Value

\*The plan you choose must be available in your county of residence. Go to the PEBB's Web site at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) and select "Benefits," then "Medical" or "Dental," then "Your Rate/Premium" to find the plans available in your county.

Table 3: Changing PEBB dental plans

If you had this PEBB dental plan as an employee...	You can select one of these PEBB dental plans**...	But you cannot change to these PEBB dental plans
DeltaCare, administered by Washington Dental Service (WDS)	DeltaCare, administered by WDS Willamette Dental Plan	Uniform Dental Plan
Uniform Dental Plan	DeltaCare, administered by WDS Uniform Dental Plan Willamette Dental Service	N/A
Willamette Dental	Willamette Dental	DeltaCare, administered by WDS Uniform Dental Plan

\*\*DeltaCare and Willamette Dental have network providers/clinics in selected cities. You do not have to live in one of these cities, but you must be willing to travel for services if you select a network provider in another area. Go to the PEBB's Web site at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) and select "Benefits," then "Dental," then "Dental Benefits" to find the locations of these plans' network providers/clinics.