

Monthly Premiums: Employee or Employee/Child

Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. There are three (3) premium discounts available this year for members of the PEIA PPB Plans. *Full details of the premiums discounts can be found on page 22.* Use the calculator below to determine your premium.

Employee Only		Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
		Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
\$ -	\$20,000	\$50	\$17	\$63	\$100	\$800	\$54	\$500	\$2,000	\$92	\$1,200	\$2,400
20,001	30,000	\$67	\$24	\$80	\$150	\$1,100	\$61	\$500	\$2,000			
30,001	36,000	\$74	\$28	\$87	\$200	\$1,250	\$65	\$500	\$2,000			
36,001	42,000	\$80	\$30	\$93	\$225	\$1,500	\$67	\$500	\$2,000			
42,001	50,000	\$95	\$38	\$108	\$250	\$1,750	\$75	\$1,000	\$2,000			
50,001	62,500	\$118	\$50	\$131	\$375	\$1,800	\$87	\$1,000	\$2,000			
62,501	75,000	\$132	\$59	\$145	\$400	\$1,850	\$96	\$1,000	\$2,000			
75,001	100,000	\$161	\$74	\$174	\$425	\$1,900	\$111	\$1,000	\$2,000			
100,001	125,000	\$204	\$121	\$217	\$500	\$2,000	\$158	\$1,000	\$2,000			
125,001	+	\$234	\$150	\$247	\$600	\$2,250	\$186	\$1,000	\$2,000			

Employee and Children		Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
		Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
\$ -	\$20,000	\$101	\$22	\$120	\$200	\$1,200	\$86	\$1,000	\$4,000	\$192	\$2,400	\$4,800
20,001	30,000	\$125	\$34	\$144	\$300	\$1,650	\$98	\$1,000	\$4,000			
30,001	36,000	\$134	\$38	\$153	\$400	\$1,875	\$102	\$1,000	\$4,000			
36,001	42,000	\$147	\$44	\$166	\$450	\$2,250	\$107	\$1,000	\$4,000			
42,001	50,000	\$181	\$73	\$200	\$500	\$2,625	\$135	\$1,500	\$4,000			
50,001	62,500	\$223	\$114	\$242	\$750	\$2,700	\$176	\$1,500	\$4,000			
62,501	75,000	\$255	\$140	\$274	\$800	\$2,775	\$201	\$1,500	\$4,000			
75,001	100,000	\$318	\$196	\$337	\$850	\$2,850	\$254	\$1,500	\$4,000			
100,001	125,000	\$381	\$264	\$400	\$1,000	\$3,000	\$321	\$1,500	\$4,000			
125,001	+	\$438	\$315	\$457	\$1,200	\$3,375	\$371	\$1,500	\$4,000			

EMPLOYEE OR EMPLOYEE/CHILDREN CALCULATOR

* Your standard monthly PEIA PPB Plan premium from table above:		
Tobacco free? If yes,	Subtract \$25/single or \$50/family	
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	
Had an Improve Your Score screening? If yes,	Subtract \$10	
Total monthly premium including discounts		

Monthly Premiums: Family or Family/Employee Spouse

Premium for employees of State agencies, colleges and universities and county board of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. There are three (3) premium discounts available this year. *Full details of the premiums discounts can be found on page 22.* Use the calculator below to determine your premium.

Family		Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
		Plan A	Plan B	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
\$ -	\$20,000	\$139	\$83	\$167	\$200	\$1,200	\$136	\$1,000	\$4,000	\$ 318	\$2,400	\$4,800
20,001	30,000	\$188	\$117	\$216	\$300	\$1,650	\$170	\$1,000	\$4,000			
30,001	36,000	\$215	\$134	\$243	\$400	\$1,875	\$187	\$1,000	\$4,000			
36,001	42,000	\$244	\$154	\$272	\$450	\$2,250	\$207	\$1,000	\$4,000			
42,001	50,000	\$294	\$195	\$322	\$500	\$2,625	\$248	\$1,500	\$4,000			
50,001	62,500	\$361	\$249	\$389	\$750	\$2,700	\$302	\$1,500	\$4,000			
62,501	75,000	\$394	\$279	\$422	\$800	\$2,775	\$332	\$1,500	\$4,000			
75,001	100,000	\$479	\$365	\$507	\$850	\$2,850	\$418	\$1,500	\$4,000			
100,001	125,000	\$596	\$474	\$624	\$1,000	\$3,000	\$527	\$1,500	\$4,000			
125,001	+	\$696	\$560	\$724	\$1,200	\$3,375	\$613	\$1,500	\$4,000			

Family with Employee Spouse		Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
		Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
\$ -	\$ 20,000	\$103	\$48	\$131	\$200	\$1,200	\$103	\$1,000	\$4,000	\$267	\$2,400	\$4,800
20,001	30,000	\$140	\$69	\$168	\$300	\$1,650	\$124	\$1,000	\$4,000			
30,001	36,000	\$163	\$88	\$191	\$400	\$1,875	\$143	\$1,000	\$4,000			
36,001	42,000	\$182	\$100	\$210	\$450	\$2,250	\$155	\$1,000	\$4,000			
42,001	50,000	\$224	\$127	\$252	\$500	\$2,625	\$182	\$1,500	\$4,000			
50,001	62,500	\$278	\$170	\$306	\$750	\$2,700	\$225	\$1,500	\$4,000			
62,501	75,000	\$318	\$208	\$346	\$800	\$2,775	\$263	\$1,500	\$4,000			
75,001	100,000	\$412	\$302	\$440	\$850	\$2,850	\$357	\$1,500	\$4,000			
100,001	125,000	\$530	\$412	\$558	\$1,000	\$3,000	\$467	\$1,500	\$4,000			
125,001	+	\$618	\$498	\$646	\$1,200	\$3,375	\$553	\$1,500	\$4,000			

FAMILY OR FAMILY/EMPLOYEE SPOUSE CALCULATOR

* Your standard monthly PEIA PPB Plan premium from table above:		
Tobacco free? If yes,	Subtract \$25/single or \$50/family	
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	
Had an Improve Your Score screening? If yes,	Subtract \$10	
Total monthly premium including discounts		