Washington State Health Care Authority
2024 PEBB Rate Book

MetLife/PEBB Voluntary Life and AD&D Plan Rates

2024 Voluntary Life Insurance Premiums

Employee Optional
Monthly Cost for Each $1,000 of Coverage (Available in $10,000 increments)

Age	Non-Smoker	Smoker
<25	$0.030	$0.039
25-29	$0.033	$0.046
30-34	$0.036	$0.060
35-39	$0.045	$0.069
40-44	$0.067	$0.077
45-49	$0.097	$0.117
50-54	$0.151	$0.179
55-59	$0.282	$0.334
60-64	$0.432	$0.508
65-69	$0.798	$0.978
70+	$1.190	$1.589

Spouse/Registered Domestic Partner Life
Monthly Cost for Each $1,000 of Coverage
(Up to 50% of Employee Optional in $5,000 increments).
Over $100,000 up to $500,000 with health questions.

Maximum is $100,000 for Spouse or 50% of Employee optional selection.

Age	Non-Smoker	Smoker
<25	$0.030	$0.039
25-29	$0.033	$0.046
30-34	$0.036	$0.060
35-39	$0.045	$0.069
40-44	$0.067	$0.077
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55-59	$0.282	$0.334
60-64	$0.432	$0.508
65-69	$0.798	$0.978
70+	$1.190	$1.589

Child Life for Dependents
Monthly Cost for Each $1,000 of Coverage
(Available in $5,000 increments)

Age 2 weeks to 26 years	$0.124

2024 Voluntary Accidental Death & Dismemberment Premiums(AD&D)

Monthly cost for each $1,000 for Employee coverage (available in $10,000 increments) with a maximum of $250,000, without health questions	Monthly cost for each $1,000 for Spouse coverage (available in $10,000 increments) with a maximum of $250,000, without health questions	Monthly cost for each $1,000 for Child coverage (available in $5,000 increments) with a maximum of $25,000, without health questions
$0.019	$0.019	$0.016

Sample Formula for Vol Life Insurance for Non-Smokers:

Employee is 45	Seeking $100,000 coverage	
Spouse is 43	Seeking a $50,000 coverage	
3 Children	Seeking $5,000 coverage each	
Employee: 100 x $0.097 =	$9.70	Premium
Spouse: 50 x $0.097 =	$4.85	Premium
2 Children: 10 x $0.124 =	$2.48	Premium
Total	**$17.03**	**Premium**

Sample Formula for Accidental Death & Dismemberment Insurance:

Employee	Seeking $100,000 coverage	
Spouse	Seeking a $100,000 coverage	
3 Children	Seeking $5,000 coverage each	
Employee: 250 x $0.019 =	$4.75	Premium
Spouse: 250 x $0.019 =	$4.75	Premium
2 Children: 10 x $0.016 =	$0.32	Premium
Total	**$9.82**	**Premium**

Employee Basic $35,000 life insurance coverage & $5,000 accidental death coverage is paid by the County at a monthly cost of $3.96

https://mybenefits.metlife.com/MyBenefits/public/ssi/commonAccess.do