Washington Employee Only Tier Impacts	2027 Plan Options	
2027 Employee Only Contributions	**CDHP**	**PPO**
Bi-Weekly	$0	$46.48
Annual	$0	$1,208.52

LOW UTILIZATION	**Allowed Cost**	**CDHP**	**PPO**
Preventive Care Visit (1)	$189	$0	$0
Preventive Care Lab (1)	$92	$0	$0
Office Visit (1)	$189	$189	$20
Generic Rx (12)	$240	$240	$120
Subtotal	**$710**	**$429**	**$140**
HRA VEBA Annual Contribution*		$3,650	$2,400
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$0**	**$0**
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$0**	**$1,209**

MEDIUM UTILIZATION	**Allowed Cost**	**CDHP**	**PPO**
Preventive Care Visit (1)	$189	$0	$0
Preventive Care Lab (1)	$92	$0	$0
Office Visits (3)	$567	$567	$60
Emergency Room Visit (1)	$4,536	$1,454	$1,147
Generic Rx (12)	$240	$48	$120
Preferred Brand Name Rx (12)	$3,888	$778	$300
Subtotal	**$9,512**	**$2,846**	**$1,627**
HRA VEBA Annual Contribution*		$3,650	$2,400
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$0**	**$0**
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$0**	**$1,209**

HIGH UTILIZATION	**Allowed Cost**	**CDHP**	**PPO**
Preventive Care Visit (1)	$189	$0	$0
Preventive Care Lab (1)	$92	$0	$0
Office Visits (7)	$1,323	$1,265	$140
Generic Rx (12)	$240	$48	$120
Preferred Brand Name Rx (12)	$3,888	$778	$300
Inpatient Hospital Stay - 4 days (1)	$48,600	$1,210	$740
Subtotal	**$54,332**	**$3,300**	**$1,300**
HRA VEBA Annual Contribution*		$3,650	$2,400
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$0**	**$0**
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$0**	**$1,209**

*HRA VEBA Contributions: PPO = $200 each month ($2,400 total); CDHP = Same as PPO, plus additional $1,250 contribution on January 1st ($3,650 total)

EXAMPLE ONLY, INTENDED FOR ILLUSTRATIVE PURPOSES, ACTUAL CLAIMS COSTS AND ADJUDICATION MAY VARY.

Washington Employee + Spouse Tier Impacts	2027 Plan Options	
2027 Employee + Spouse Contributions	**CDHP**	**PPO**
Bi-Weekly	$0	$97.61
Annual	$0	$2,537.88

LOW UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	SP	EE	SP
Preventive Care Visit (EE (1), SP (1))	$378	$0	$0	$0	$0
Preventive Care Lab (EE (1))	$92	$0	-	$0	-
Office Visit (SP (1))	$189	-	$189	-	$20
Generic Rx (EE (12))	$240	$240	-	$120	-
Subtotal	**$899**	**$429**		**$140**	
HRA VEBA Annual Contribution*		$3,650		$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$0**		**$0**	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$0**		**$2,538**	

MEDIUM UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	SP	EE	SP
Preventive Care Visit (EE (1), SP (1))	$378	$0	$0	$0	$0
Preventive Care Lab (EE (1))	$92	$0	-	$0	-
Office Visits (EE (1), SP (2))	$567	$189	$378	$20	$40
Emergency Room Visit (EE (1))	$4,536	$1,756	-	$1,147	-
Generic Rx (EE (12))	$240	$48	-	$120	-
Brand Name Rx (EE (12), SP (12))	$7,776	$778	$715	$13	$300
Subtotal	**$13,589**	**$3,864**		**$1,640**	
HRA VEBA Annual Contribution*		$3,650		$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$214**		**$0**	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$214**		**$2,538**	

HIGH UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	SP	EE	SP
Preventive Care Visit (EE (1), SP (1))	$378	$0	$0	$0	$0
Preventive Care Lab (EE (1))	$92	$0	-	$0	-
Office Visits (EE (4), SP (3))	$1,323	$756	$567	$80	$60
Generic Rx (EE (12))	$240	$240	-	$120	-
Brand Name Rx (EE (12), SP (12))	$7,776	$981	$1,324	$300	$300
Inpatient Hospital Stay - 4 days (SP (1))	$48,600	-	$1,409	-	$940
Subtotal	**$58,409**	**$5,277**		**$1,800**	
HRA VEBA Annual Contribution*		$3,650		$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$1,627**		**$0**	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$1,627**		**$2,538**	

*HRA VEBA Contributions: PPO = $200 each month ($2,400 total); CDHP = Same as PPO, plus additional $1,250 contribution on January 1st ($3,650 total)

EXAMPLE ONLY, INTENDED FOR ILLUSTRATIVE PURPOSES, ACTUAL CLAIMS COSTS AND ADJUDICATION MAY VARY.

Washington Employee + Children Tier Impacts	2027 Plan Options	
2027 Employee + Child(ren) Contributions	**CDHP**	**PPO**
Bi-Weekly	$0	$88.32
Annual	$0	$2,296.20

LOW UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	CH	EE	CH
Preventive Care Visit (EE (1), CH (1))	$378	$0	$0	$0	$0
Preventive Care Lab (EE (1), CH (1))	$184	$0	$0	$0	$0
Office Visit (CH (1))	$189	-	$189	-	$20
Generic Rx (EE (12))	$240	$240	-	$120	-
Subtotal	**$991**	**$429**		**$140**	
HRA VEBA Annual Contribution*		$3,650		$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$0**		**$0**	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$0**		**$2,296**	

MEDIUM UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	CH	EE	CH
Preventive Care Visit (EE (1), CH (1))	$378	$0	$0	$0	$0
Preventive Care Lab (EE (1), CH (1))	$184	$0	$0	$0	$0
Office Visits (EE (1), CH (2))	$567	$189	$378	$20	$40
Emergency Room Visit (EE (1), CH (1))	$9,072	$1,756	$1,605	$1,147	$1,147
Generic Rx (EE (12))	$240	$48	-	$120	-
Brand Name Rx (EE (12))	$3,888	$778	-	$13	-
Subtotal	**$14,329**	**$4,753**		**$2,487**	
HRA VEBA Annual Contribution*		$3,650		$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$1,103**		**$87**	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$1,103**		**$2,383**	

HIGH UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	CH	EE	CH
Preventive Care Visit (EE (1), CH (1))	$378	$0	$0	$0	$0
Preventive Care Lab (EE (1), CH (1))	$184	$0	$0	$0	$0
Office Visits (EE (4), CH (2))	$1,134	$756	$378	$80	$40
Generic Rx (EE (12), CH (12))	$480	$240	$240	$120	$120
Brand Name Rx (EE (12))	$3,888	$981	-	$300	-
Inpatient Hospital Stay - 4 days (CH (1))	$48,600	-	$2,682	-	$1,140
Subtotal	**$54,664**	**$5,277**		**$1,800**	
HRA VEBA Annual Contribution*		$3,650		$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$1,627**		**$0**	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$1,627**		**$2,296**	

*HRA VEBA Contributions: PPO = $200 each month ($2,400 total); CDHP = Same as PPO, plus additional $1,250 contribution on January 1st ($3,650 total)

EXAMPLE ONLY, INTENDED FOR ILLUSTRATIVE PURPOSES, ACTUAL CLAIMS COSTS AND ADJUDICATION MAY VARY.

Washington Employee + Family Tier Impacts	2027 Plan Options	
2027 Employee + Family Contributions	**CDHP**	**PPO**
Bi-Weekly	$0	$139.44
Annual	$0	$3,625.56

LOW UTILIZATION	Allowed Cost	CDHP			PPO		
		EE	SP	CH	EE	SP	CH
Preventive Care Visit (EE (1), SP (1), CH (1))	$567	$0	$0	$0	$0	$0	$0
Preventive Care Lab (EE (1), CH (1))	$184	$0	-	$0	$0	-	$0
Office Visit (SP (1), CH (1))	$378	-	$189	$189	-	$20	$20
Generic Rx (EE (12))	$240	$240	-	-	$120	-	-
Subtotal	**$1,369**	**$618**			**$160**		
HRA VEBA Annual Contribution*		$3,650			$2,400		
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$0**			**$0**		
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$0**			**$3,626**		

MEDIUM UTILIZATION	Allowed Cost	CDHP			PPO		
		EE	SP	CH	EE	SP	CH
Preventive Care Visit (EE (1), SP (1), CH (1))	$567	$0	$0	$0	$0	$0	$0
Preventive Care Lab (EE (1), CH (1))	$184	$0	-	$0	$0	-	$0
Office Visits (EE (1), SP (2), CH (2))	$945	$189	$378	$378	$20	$40	$40
Emergency Room Visit (EE (1), CH (1))	$9,072	$1,756	-	$1,605	$1,147	-	$1,147
Generic Rx (EE (12))	$240	$48	-	-	$120	-	-
Brand Name Rx (EE (12), SP (12))	$7,200	$720	$1,418	-	$13	$300	-
Subtotal	**$18,208**	**$6,491**			**$2,827**		
HRA VEBA Annual Contribution*		$3,650			$2,400		
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$2,841**			**$427**		
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$2,841**			**$4,053**		

HIGH UTILIZATION	Allowed Cost	CDHP			PPO		
		EE	SP	CH	EE	SP	CH
Preventive Care Visit (EE (1), SP (1), CH (1))	$567	$0	$0	$0	$0	$0	$0
Preventive Care Lab (EE (1), CH (1))	$184	$0	-	$0	$0	-	$0
Office Visits (EE (4), SP (3), CH (2))	$1,701	$756	$567	$378	$80	$60	$40
Generic Rx (EE (12), CH (12))	$480	$443	-	$746	$120	-	$120
Brand Name Rx (EE (12), SP (12))	$7,776	$818	$1,324	-	$300	$300	-
Inpatient Hospital Stay - 4 days (SP (1))	$48,600	-	$1,409	-	-	$940	-
Subtotal	**$59,308**	**$6,441**			**$1,960**		
HRA VEBA Annual Contribution*		$3,650			$2,400		
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		**$2,791**			**$0**		
Total Estimated Out-of-Pocket Expense (Incl Contributions)		**$2,791**			**$3,626**		

*HRA VEBA Contributions: PPO = $200 each month ($2,400 total); CDHP = Same as PPO, plus additional $1,250 contribution on January 1st ($3,650 total)

EXAMPLE ONLY, INTENDED FOR ILLUSTRATIVE PURPOSES, ACTUAL CLAIMS COSTS AND ADJUDICATION MAY VARY.