

Washington Employee Only Tier Impacts		2026 Plan Options	
2026 Employee Only Contributions		CDHP	PPO
Bi-Weekly		\$0	\$44.07
Annual		\$0	\$1,145.82
LOW UTILIZATION	Allowed Cost	CDHP	PPO
Preventive Care Visit (1)	\$175	\$0	\$0
Preventive Care Lab (1)	\$85	\$0	\$0
Office Visit (1)	\$175	\$175	\$20
Generic Rx (12)	\$240	\$240	\$120
Subtotal	\$675	\$415	\$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	\$1,146
MEDIUM UTILIZATION	Allowed Cost	CDHP	PPO
Preventive Care Visit (1)	\$175	\$0	\$0
Preventive Care Lab (1)	\$85	\$0	\$0
Office Visits (3)	\$525	\$525	\$60
Emergency Room Visit (1)	\$4,200	\$1,420	\$1,080
Generic Rx (12)	\$240	\$48	\$120
Preferred Brand Name Rx (12)	\$3,600	\$720	\$300
Subtotal	\$8,825	\$2,713	\$1,560
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	\$1,146
HIGH UTILIZATION	Allowed Cost	CDHP	PPO
Preventive Care Visit (1)	\$175	\$0	\$0
Preventive Care Lab (1)	\$85	\$0	\$0
Office Visits (7)	\$1,225	\$1,225	\$140
Generic Rx (12)	\$240	\$68	\$120
Preferred Brand Name Rx (12)	\$3,600	\$720	\$300
Inpatient Hospital Stay - 4 days (1)	\$45,000	\$1,287	\$740
Subtotal	\$50,325	\$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	\$1,146

*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		2026 Plan Options			
2026 Employee + Spouse Contributions		CDHP		PPO	
Bi-Weekly		\$0.00		\$92.54	
Annual		\$0		\$2,406.04	
LOW UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	SP	EE	SP
Preventive Care Visit (EE (1), SP (1))	\$350	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1))	\$85	\$0	-	\$0	-
Office Visit (SP (1))	\$175	-	\$175	-	\$20
Generic Rx (EE (12))	\$240	\$240	-	\$120	-
Subtotal	\$850	\$415		\$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		\$2,406	
MEDIUM UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	SP	EE	SP
Preventive Care Visit (EE (1), SP (1))	\$350	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1))	\$85	\$0	-	\$0	-
Office Visits (EE (1), SP (2))	\$525	\$175	\$310	\$20	\$40
Emergency Room Visit (EE (1))	\$4,200	\$1,700	-	\$1,080	-
Generic Rx (EE (12))	\$240	\$48	-	\$120	-
Brand Name Rx (EE (12), SP (12))	\$7,200	\$720	\$712	\$300	\$300
Subtotal	\$12,600	\$3,665		\$1,860	
HRA VEBA Annual Contribution*		\$3,650		\$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		\$15		\$0	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		\$15		\$2,406	
HIGH UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	SP	EE	SP
Preventive Care Visit (EE (1), SP (1))	\$350	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1))	\$85	\$0	-	\$0	-
Office Visits (EE (4), SP (3))	\$1,225	\$700	\$525	\$80	\$60
Generic Rx (EE (12))	\$240	\$240	-	\$120	-
Brand Name Rx (EE (12), SP (12))	\$7,200	\$968	\$1,300	\$300	\$300
Inpatient Hospital Stay - 4 days (SP (1))	\$45,000	-	\$1,475	-	\$940
Subtotal	\$54,100	\$5,208		\$1,800	
HRA VEBA Annual Contribution*		\$3,650		\$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		\$1,558		\$0	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		\$1,558		\$2,406	

*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		2026 Plan Options			
2026 Employee + Child(ren) Contributions		CDHP		PPO	
Bi-Weekly		\$0.00		\$83.72	
Annual		\$0		\$2,176.72	
LOW UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	CH	EE	CH
Preventive Care Visit (EE (1), CH (1))	\$350	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1), CH (1))	\$170	\$0	\$0	\$0	\$0
Office Visit (CH (1))	\$175	-	\$175	-	\$20
Generic Rx (EE (12))	\$240	\$240	-	\$120	-
Subtotal	\$935	\$415		\$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		\$2,177	
MEDIUM UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	CH	EE	CH
Preventive Care Visit (EE (1), CH (1))	\$350	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1), CH (1))	\$170	\$0	\$0	\$0	\$0
Office Visits (EE (1), CH (2))	\$525	\$175	\$350	\$20	\$40
Emergency Room Visit (EE (1), CH (1))	\$8,400	\$1,700	\$1,560	\$1,280	\$1,260
Generic Rx (EE (12))	\$240	\$48	-	\$120	-
Brand Name Rx (EE (12))	\$3,600	\$720	-	\$300	-
Subtotal	\$13,285	\$4,553		\$3,020	
HRA VEBA Annual Contribution*		\$3,650		\$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		\$903		\$620	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		\$903		\$2,797	
HIGH UTILIZATION	Allowed Cost	CDHP		PPO	
		EE	CH	EE	CH
Preventive Care Visit (EE (1), CH (1))	\$350	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1), CH (1))	\$170	\$0	\$0	\$0	\$0
Office Visits (EE (4), CH (2))	\$1,050	\$700	\$350	\$80	\$40
Generic Rx (EE (12), CH (12))	\$480	\$240	\$240	\$120	\$120
Brand Name Rx (EE (12))	\$3,600	\$968	-	\$300	-
Inpatient Hospital Stay - 4 days (CH (1))	\$45,000	-	\$2,710	-	\$1,140
Subtotal	\$50,650	\$5,208		\$1,800	
HRA VEBA Annual Contribution*		\$3,650		\$2,400	
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		\$1,558		\$0	
Total Estimated Out-of-Pocket Expense (Incl Contributions)		\$1,558		\$2,177	

*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		2026 Plan Options					
2026 Employee + Family Contributions		CDHP			PPO		
Bi-Weekly		\$0.00			\$132.20		
Annual		\$0			\$3,437.20		
LOW UTILIZATION	Allowed Cost	CDHP			PPO		
		EE	SP	CH	EE	SP	CH
Preventive Care Visit (EE (1), SP (1), CH (1))	\$525	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1), CH (1))	\$170	\$0	-	\$0	\$0	-	\$0
Office Visit (SP (1), CH (1))	\$350	-	\$175	\$175	-	\$20	\$20
Generic Rx (EE (12))	\$240	\$240	-	-	\$120	-	-
Subtotal	\$1,285	\$590			\$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			\$3,437		
MEDIUM UTILIZATION	Allowed Cost	CDHP			PPO		
		EE	SP	CH	EE	SP	CH
Preventive Care Visit (EE (1), SP (1), CH (1))	\$525	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1), CH (1))	\$170	\$0	-	\$0	\$0	-	\$0
Office Visits (EE (1), SP (2), CH (2))	\$875	\$175	\$350	\$350	\$20	\$40	\$40
Emergency Room Visit (EE (1), CH (1))	\$8,400	\$1,840	-	\$1,840	\$1,280	-	\$1,260
Generic Rx (EE (12))	\$240	\$1,048	-	-	\$120	-	-
Brand Name Rx (EE (12), SP (12))	\$7,200	\$237	\$760	-	\$300	\$300	-
Subtotal	\$17,410	\$6,600			\$3,360		
HRA VEBA Annual Contribution*		\$3,650			\$2,400		
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		\$2,950			\$960		
Total Estimated Out-of-Pocket Expense (Incl Contributions)		\$2,950			\$4,397		
HIGH UTILIZATION	Allowed Cost	CDHP			PPO		
		EE	SP	CH	EE	SP	CH
Preventive Care Visit (EE (1), SP (1), CH (1))	\$525	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Care Lab (EE (1), CH (1))	\$170	\$0	-	\$0	\$0	-	\$0
Office Visits (EE (4), SP (3), CH (2))	\$1,575	\$700	\$525	\$350	\$80	\$60	\$40
Generic Rx (EE (12), CH (12))	\$480	\$1,048	-	\$1,048	\$120	-	\$120
Brand Name Rx (EE (12), SP (12))	\$7,200	\$1,552	\$1,377	-	\$300	\$300	-
Inpatient Hospital Stay - 4 days (SP (1))	\$45,000	-	\$0	-	-	\$940	-
Subtotal	\$54,950	\$6,600			\$1,960		
HRA VEBA Annual Contribution*		\$3,650			\$2,400		
Subtotal Using HRA VEBA to Offset Medical Cost-Shares		\$2,950			\$0		
Total Estimated Out-of-Pocket Expense (Incl Contributions)		\$2,950			\$3,437		

*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.