

2018 Non-Uniform												
Coverage Type	2018 ER Contrib per Tier	Premera Heritage Plus PPO Zero Deductible		Premera Heritage Plus PPO \$250 Deductible		Premera HDHP with HSA			United Healthcare (UHC) Navigate \$10 Copay (\$0 Deductible)		United Healthcare (UHC) Navigate \$200 Deductible (\$20 Copay)	
		Total Premium	EE Contrib	Total Premium	EE Contrib	Total Prem ER Contrib	EE Contrib	City HSA Monthly Contrib	Total Premium	EE Contrib	Total Premium	EE Contrib
EE	\$ 626.13	732.44	\$106.31	670.96	\$44.83	\$463.30	0	\$ 162.83	\$674.25	\$48.12	\$600.42	\$0.00
EE & SP	\$ 1,242.87	1,429.90	\$187.03	1,306.18	\$63.31	\$888.30	0	\$ 354.57	\$1,337.29	\$94.42	\$1,190.86	\$0.00
EE & 1 CH	\$ 940.64	1,082.16	\$141.52	989.48	\$48.84	\$676.41	0	\$ 264.23	\$1,013.53	\$72.89	\$902.65	\$0.00
EE & 2 CH	\$ 1,255.16	1,368.50	\$113.34	1,250.27	\$0.00	\$850.90	0	\$ 404.26	\$1,351.26	\$96.10	\$1,203.34	\$0.00
EE SP & 1 CH	\$ 1,557.39	1,779.62	\$222.23	1,624.70	\$67.31	\$1,101.41	0	\$ 455.98	\$1,676.23	\$118.84	\$1,492.76	\$0.00
EE SP & 2+ CH	\$ 1,871.90	2,065.96	\$194.06	1,885.49	\$13.59	\$1,275.90	0	\$ 575.00	\$2,013.97	\$142.07	\$1,793.45	\$0.00

2019 Non-Uniform Status Quo with Premera (+11-20%)												
Coverage Type	2019 ER Contrib per Tier	Premera Heritage Plus PPO Zero Deductible 15%		Premera Heritage Plus PPO \$250 Deductible 15%		Premera HDHP with HSA 11%			United Healthcare (UHC) Navigate \$10 Copay (\$0 Deductible) 20%		United Healthcare (UHC) Navigate \$200 Deductible (\$20 Copay) 20%	
		Total Premium	EE Contrib	Total Premium	EE Contrib	Total Premium	EE Contrib	City HSA Contrib	Total Premium	EE Contrib	Total Premium	EE Contrib
EE	\$ 657.44	\$841.11	\$183.67	\$769.34	\$111.90	\$513.68	0	\$ 143.76	\$805.31	\$147.87	\$715.91	\$58.47
EE & SP	\$ 1,305.01	\$1,648.58	\$343.57	\$1,504.16	\$199.15	\$989.68	0	\$ 315.33	\$1,607.96	\$302.95	\$1,430.63	\$125.62
EE & 1 CH	\$ 987.67	\$1,245.98	\$258.31	\$1,137.80	\$150.13	\$752.36	0	\$ 235.31	\$1,215.81	\$228.14	\$1,081.56	\$93.89
EE & 2 CH	\$ 1,317.92	\$1,577.49	\$259.57	\$1,439.48	\$121.56	\$947.79	0	\$ 370.13	\$1,624.77	\$306.85	\$1,445.66	\$127.74
EE SP & 1 CH	\$ 1,635.26	\$2,053.45	\$418.19	\$1,872.62	\$237.36	\$1,228.36	0	\$ 406.90	\$2,018.10	\$382.84	\$1,795.95	\$160.69
EE SP & 2+ CH	\$ 1,965.50	\$2,384.96	\$419.46	\$2,174.30	\$208.80	\$1,423.79	0	\$ 541.71	\$2,427.07	\$461.57	\$2,160.05	\$194.55

2019 Non-Uniform Premera Takeover (+3-7%)										
Coverage Type	2019 ER Contrib per Tier	Premera Heritage Plus PPO Zero Deductible 7%		Premera Heritage Plus PPO \$250 Deductible 7%		Premera HDHP with HSA 3%			Premera \$500 Heritage Plus Regence HF Equiv *NEW for 2019	
		Total Premium	EE Contrib	Total Premium	EE Contrib	Total Premium	EE Contrib	City HSA Contrib	Total Premium	EE Contrib
EE	\$ 657.44	\$788.19	\$130.75	\$720.72	\$63.28	\$475.04	0	\$ 182.40	\$657.44	\$0.00
EE & SP	\$ 1,305.01	\$1,542.08	\$237.07	\$1,406.32	\$101.31	\$911.92	0	\$ 393.09	\$1,305.01	\$0.00
EE & 1 CH	\$ 987.67	\$1,166.20	\$178.53	\$1,064.50	\$76.83	\$694.10	0	\$ 293.57	\$987.69	\$0.02
EE & 2 CH	\$ 1,317.92	\$1,475.71	\$157.79	\$1,345.98	\$28.06	\$873.47	0	\$ 444.45	\$1,317.93	\$0.01
EE SP & 1 CH	\$ 1,635.26	\$1,920.09	\$284.83	\$1,750.10	\$114.84	\$1,130.98	0	\$ 504.28	\$1,635.26	\$0.00
EE SP & 2+ CH	\$ 1,965.50	\$2,229.60	\$264.10	\$2,031.58	\$66.08	\$1,310.35	0	\$ 583.33	\$1,965.50	\$0.00

Estimated Rates - Final Rates expected no more than +/- \$2 - Increases rounded to nearest %

2018 HSA Family Max \$575.00/mo - 2019 HSA Family Max \$583.33/mo