



The Washington Plan

HIGH-DEDUCTIBLE HEALTH PLAN

The Washington Plan is a true high-deductible health plan. It has no medical coinsurance or copays, and the deductible is the same amount as the out-of-pocket maximum (OPM). Once you reach your deductible, the plan will pay 100% of your costs for care and prescriptions.

- For those with family coverage, the plan includes an embedded deductible. If a family member reaches the \$5,500 deductible, the plan will then begin to pay 100% of their covered healthcare and prescription costs for the remainder of that plan year. Then, if a different family member (or combination of family members) reaches the additional \$5,500 remaining deductible of \$11,000, the plan will pay 100% of covered healthcare and prescription costs for all covered family members for the remainder of the plan year.
- For prescription medications considered preventive, defined dollar amounts will apply to the plan out-of-pocket maximum. They do not directly apply to the deductible.
- This plan qualifies eligible employees for a health savings account (HSA). See your benefits enrollment guide for details.
- Premiums are contingent upon the legislature approving the Governor's budget proposal during the 2021 legislative session.

| Washington Plan premiums | | 24 PAY PERIODS | 12 PAY PERIODS |
|--------------------------|-----------------------------|--|----------------|
| Employee | | \$0 | \$0 |
| Employee + spouse | | \$48.02 | \$96.04 |
| Employee + child(ren) | | \$21.32 | \$42.63 |
| Family | | \$59.84 | \$119.67 |
| Your cost share | | | |
| Deductible | Medical | \$5,500 single/\$11,000 family | |
| | Pharmacy | Combined with medical deductible | |
| Coinsurance | | 0% | |
| Out-of-pocket max (OPM) | Medical & pharmacy combined | \$5,500 single/\$11,000 family | |
| Medical care | Office visits | Deductible | |
| | Urgent care | | |
| | Emergency room | | |
| | Pathology/radiology | | |
| | Outpatient | | |
| | Inpatient | | |
| Prescription drugs | Tier 1 | Deductible | |
| | Tier 1 Preventive RX | \$0 | |
| | Tier 2 | Deductible | |
| | Tier 2 Preventive RX | \$55 (30-day supply) \$137.50 (90-day supply) | |
| | Tier 3 | Deductible | |
| | Tier 3 Preventive RX | \$75 (30-day supply) \$187.50 (90-day supply) | |
| | Preferred specialty | \$85 | |
| | Non-preferred specialty | \$110 | |