



Nevada Public Employees' Benefits Program

December 12, 2025

Approved Plan Changes

Approved at the July Board meeting

- Wigs/alopecia
 - Expand coverage to include alopecia (in addition to those undergoing cancer treatment)
- Speech therapy (statutory requirement)
 - Increase eligibility age from 19 to 26
 - Expand coverage to include stuttering and stammering
- Increase deductible of CDHP in line with federally mandated increase in minimum deductible levels for HSA-qualified plans
 - \$1,650/\$3,300 (single/family) to \$1,700/\$3,400
- Mental Health Therapy
 - More than one mental health therapy session/ therapy type may be scheduled in a single day; treated as separate sessions/ therapy types for copay and billing even if same provider.
- Autism – coverage to clarify the following are included
 - Ongoing assessment
 - Medication
 - Behavioral therapy (social skills training, applied behavioral analysis, etc)
 - Physical, as well as speech and language therapy

Medical Pharmacy Coupon Program

Implement coupon program for specialty drugs administered through the medical benefit

Why?

- UMR program that could reduce costs for both PEBP and patients
- Leverages manufacturer coupons like ESI's SaveOnSP, but for drugs administered in an inpatient setting
- SaveOnSP applies only to outpatient medications
- UMR confirms program can apply to all three self-insured plans
 - Deductible will still apply in CDHP (unless already satisfied by other care)

Next steps

- Evaluate member impact versus plan savings (shared savings terms)



Medical Pharmacy Coupon Program

Implement coupon program for specialty drugs administered through the pharmacy benefit

How It Works

- UMR MedicalRx Advisor patient advocate team handles member outreach and support
- Patient advocates contact members to introduce UMR MedicalRx Advisor and enroll them in qualifying copay assistance programs
- Participation is voluntary and can be added or removed at any time by calling the patient advocate team
- Member receives billing for treatment that reflects \$0 or low-cost share, thanks to copay assistance (terms can vary by coupon)
- Copay assistance amounts are excluded from accumulators that track deductible and out-of-pocket maximum (OPMax) amounts
- UMR retains 25% of savings to administer the program (reduced from 30% standard rate)

UMR estimates annual plan impact = (\$1,120,000) annually
(\$840,000) net of 25% administrative fee

Member annual impact = (\$400,000)

Medical Pharmacy Coupon Program

Estimated Annual Plan and Patient Impact

Claims	762
Patients	360
Net Plan Impact	(\$840,000)
Patient Impact	(\$400,000)

- Coupon values generally range from about \$5,000 - \$25,000 and include a range of classes, including:
 - Oncology
 - Hemophilia
 - Immunodeficiency/autoimmune
 - Growth hormone
 - Spinal muscular atrophy
- Some very high-cost medications have higher coupon values, such as Zolgensma's \$50,000 coupon
- Coupons are generally not per script; but are generally annual

Drug	Class	Annual Spend	Scripts	Per/Rx	Full Coupon
ULTOMIRIS	AUTOIMMUNE/ HEMATOLOGY	\$600,000	12	\$50,000	\$15,000
SOLIRIS	TRANSPLANT REJECTION	\$1,200,000	30	\$40,000	\$15,000
OCREVUS	AUTOIMMUNE	\$500,000	25	\$20,000	\$20,000
KEYTRUDA	ONCOLOGY	\$3,000,000	200	\$15,000	\$25,000
RITUXAN	ONCOLOGY	\$90,000	6	\$15,000	\$15,000
PERJETA	ONCOLOGY	\$520,000	40	\$13,000	\$25,000
IMFINZI	ONCOLOGY	\$360,000	30	\$12,000	\$26,000
ENHERTU	ONCOLOGY	\$400,000	40	\$10,000	\$26,000
DARZALEX	ONCOLOGY	\$420,000	60	\$7,000	\$9,450
TRODELVY	ONCOLOGY	\$300,000	50	\$6,000	\$25,000
SOMATULINE	GROWTH HORMONE	\$200,000	40	\$5,000	\$6,000
FULPHILA	HEMATOLOGY	\$200,000	50	\$4,000	\$10,000
ENTYVIO	AUTOIMMUNE	\$360,000	90	\$4,000	\$20,000
YERVOY	ONCOLOGY	\$32,000	8	\$4,000	\$25,000
PRIVIGEN	IVIG	\$18,000	6	\$3,000	\$5,000

Medical Pharmacy Coupon Program – How It Works

Illustrative Example provided by UMR

- Drug has \$2,500 available per claim in copay assistance
- Estimated cost is \$4,000 per claim

Today		With Program	
No copay assistance		Copay assistance without UMR MedicalRx Advisor	
Coinsurance	\$800	Coinsurance	\$800
Copay card	\$0	Copay card	\$775
Member pay (20% coinsurance)	\$800	Member pay	\$25
Employer cost	\$3,200	Employer cost	\$3,200
Applied to accumulators	\$800	Applied to accumulators	\$800
		Copay assistance with UMR MedicalRx Advisor	
Coinsurance		Coinsurance	\$2,525
Copay card		Copay card	\$2,500
Member pay		Member pay	\$25
Employer cost		Employer cost	\$1,475
Applied to accumulators		Applied to accumulators	\$25

Note: All numbers are illustrative only.

With UMR MedicalRx Advisor, member saves \$775 per claim and PEBP saves \$1,725 per claim

Care Access (Prior Authorizations)

Streamline Access to Care

Why?

- Current plan structure may add to provider burden without managing care or costs
- Current plan requirements may limit access to early intervention care

What?

- Remove Prior Authorization requirement for biopsy coverage
 - Nearly 100% approval rate
 - Removes administrative step that slows access to care
 - Net cost to PEBP

Next Steps

- Evaluate cost and member impact



Care Access (Prior Authorizations)

Recent Biopsy Prior Authorization Approval Rate

Year	Submitted	Approved	Approval %
2024	1,194	1,192	99.8%
2025	807	805	99.8%

Additional Prior Authorizations with 99%+ Approval Rate

Treatment	Submitted	Approved	Approval %
MRIs	6,500	6,487	99.8%
Dialysis	19	19	100%

Current contract includes monthly administrative fee of \$6.30 per member, which covers prior authorizations, case management and the nurse line.

UMR indicates removing the PA requirement will not affect this monthly fixed fee.

Care Access (Diagnostic Services)

Streamline Access to Care

Why?

- Current plan provisions may limit access to early intervention care

What?

- Cover diagnostic breast imaging and colonoscopies at 100%
 - Would need to be subject to deductible in CDHP
 - Removes barrier to early detection
 - May be net cost to PEBP in short-term, but provide long-term benefits to PEBP and patients

Next Steps

- Determine cost and member impact



Care Access (Diagnostic Services)

Breast Imaging

- Change would impact 1,300 – 1,400 members annually
- Expected cost increase to the Plan = \$150,000

	PY2023	PY2024	PY2025
Total Services	6,499	6,767	7,389
Diagnostic Services	1,516	1,605	1,819
Plan Paid (Diagnostic)	\$550K	\$570K	\$670K
Plan impact with change	\$100K	\$130K	\$150K
Total Members with Imaging	5,679	5,894	6,358
Members with Diagnostic	999	1,304	1,412
Members with both Diagnostic/Preventive	497	554	609

Colonoscopies

- Change would impact about 900 – 1,000 members annually
- Expected cost increase to the Plan = \$200,000

	PY2023	PY2024	PY2025
Total Services	2,893	3,157	3,412
Diagnostic Services	908	927	964
Plan Paid (Diagnostic)	\$620K	\$710K	\$780K
Plan impact with change	\$170K	\$200K	\$220K
Total Members with a Colonoscopy	2,744	2,998	3,259
Members with Diagnostic	856	882	912
Members with both Diagnostic/Preventive	15	57	47

Network Lab Access and Education

Steerage and Member Education

Why?

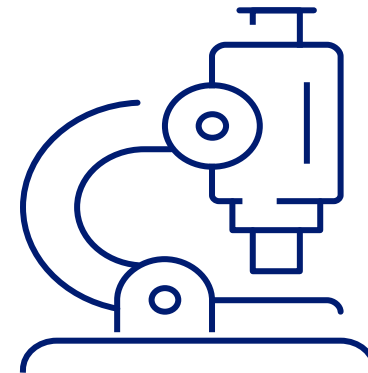
- Patients often utilize labs as directed by physician without considering network status
- Result can be higher costs for PEBP and for member

What?

- Cover first non-network lab at network cost share
 - Can be first every year or first ever
- Provide educational materials about network lab access and cost impact

Next Steps

- Determine cost and member impact



Network Lab Access and Education

First Annual OON Lab Paid as if in Network

- Change would impact 150-200 members annually
- Savings for some subsequent visits being network rather than OON
- Expected cost increase to the Plan = \$2,000 annually

	PY2023	PY2024	PY2025
First Annual Lab is OON			
Patients/Visits	198	177	128
Plan Paid	\$13,000	\$15,000	\$7,000
Plan Impact with change	\$3,000	\$3,000	\$1,000
Subsequent OON Labs for Same Patients			
Patients	47	36	22
Visits	111	103	49
Plan Paid	\$7,000	\$7,000	\$6,000
Plan Impact with change	-\$1,000	-\$1,000	-\$1,000
Total Plan Impact with change	\$2,000	\$2,000	\$0

First Ever OON Lab Paid as if in Network

- Change would impact about 100 members annually
- Savings for some subsequent visits being network rather than OON
- Expected cost increase to the Plan = \$1,000 annually

	PY2023	PY2024	PY2025
First Ever Lab is OON			
Patients/Visits	129	119	65
Plan Paid	\$8,000	\$9,000	\$3,000
Plan Impact with change	\$2,000	\$2,000	\$1,000
Subsequent OON Labs for Same Patients (Same Year)			
Patients	31	24	11
Visits	73	69	25
Plan Paid	\$4,000	\$5,000	\$1,000
Plan Impact with change	-\$1,000	-\$1,000	-\$1,000
Total Plan Impact with change	\$1,000	\$1,000	\$0

Vision (Annual Benefit Maximum)

Modernize and Update Vision Benefit

Why?

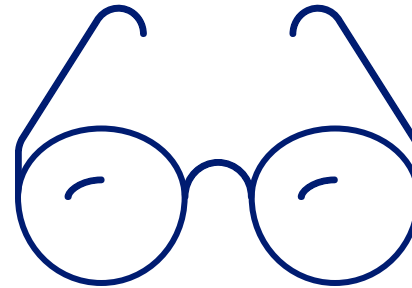
- \$100 Annual Benefit Maximum may be out-of-step with current market

What?

- Increase current \$100 annual benefit limit to align with market

Next Steps

- Develop specific options
- Benchmark benefits
- Determine cost impact



Vision (Annual Benefit Maximum)

- Since the last Board meeting it has been determined the CDHP does NOT currently have an Annual Benefit Maximum (ABM)
- In the CDHP, vision benefits must be subject to the deductible, but can have a maximum benefit for adults over 19
- Recommendation is to apply the same ABM to all three plans.

- Benchmarked vision benefits for other Western state health plans

- Alaska
- Arizona
- Colorado
- Hawai'i
- Idaho
- Montana
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

- These plans do not provide an explicit Annual Benefit Maximum for all services
- Instead, they provide exam coverage, which is generally worth \$100, and an annual allowance for contacts/glasses, which falls in the \$120-\$200 range
- Therefore, an equivalent ABM range is about \$220-\$300 for these state plans

	\$200 ABM	\$250 ABM	\$300 ABM
Annual Cost Increase	\$100,000	\$140,000	\$170,000

Vision (Cover Hardware in CDHP)

Modernize and Update Vision Benefit

Why?

- Covered services/materials varies by plan

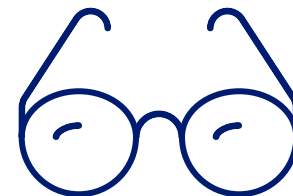
What?

- Add hardware coverage to CDHP to align with LDPPO and EPO coverage

Next Steps

- Develop specific options
- Benchmark benefits
- Determine cost impact

Estimated annual cost increase: \$100,000



Pharmacy (Increase Non-Preferred Brand Copay)

Copay Incentives to Steer Towards Lower Net Cost Options

Why?

- Costs for Specialty and Non-Preferred Brands continue to drive trend

What?

- Increase Non-Preferred Brand cost share from \$75 to 30% coinsurance with a min/max
 - Incentivize more Generic and Preferred Brand utilization

Next Steps

- Develop specific options
- Determine member impact
- Determine Rebate impact



Pharmacy (Increase Non-Preferred Brand Copay)

Three options considered

- Only 0.4% of scripts are for Non-Preferred Brands
- Limited savings opportunity for Options 1 and 2
- Removing coverage for Non-Preferred Brands from the LDPPO and EPO (to align with CDHP) has \$600,000 savings opportunity, but affects approximately 825 patients (with 2,700 scripts)

	Retail 30	Retail90/MO	Plan Impact
Current	\$75 copay	\$150 copay	
Option 1	30% coinsurance Min \$75; Max \$150	30% coinsurance Min \$150; Max \$300	(\$100,000)
Option 2	30% coinsurance Min \$100; Max \$250	30% coinsurance Min \$200; Max \$500	(\$200,000)
Option 3	Not covered (member pays 100%)	Not covered (member pays 100%)	(\$600,000)

Pharmacy (Three Tier Specialty Copay Structure)

Copay Incentives to Steer Towards Lower Net Cost Options

Why?

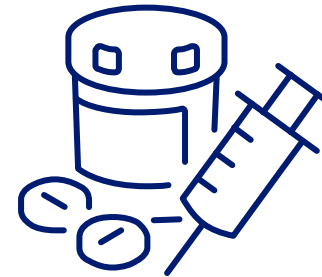
- Costs for Specialty and Non-Preferred Brands continue to drive trend
- Increasing availability of biosimilars provides steerage option for specialty

What?

- Implement three-tier specialty copay structure
 - Increasing availability of biosimilars
 - Cost structure will incentivize biosimilars when available
 - Structure analogous to Generic, Preferred Brand and Non-Preferred Brand approach

Next Steps

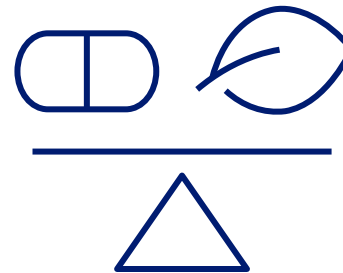
- Develop specific options
- Determine member impact
- Determine Rebate impact



Pharmacy (Three Tier Specialty Copay Structure)

- Current 30% coinsurance provides incentive to utilize lower cost options
- Current strategy has included excluding high-cost brand specialty drugs when there are viable alternatives.
 - Humira is a recent example: 1,000 scripts in PY24, 400 in PY25 and currently a single user
- Biosimilars and generic specialty medications are in the early stages.
- Three-tier cost structure may make sense long-term, but for PY2027, this is expected to be an investment

		Specialty	Plan <u>Cost</u>
	Current (all tiers)	30% coinsurance Min \$100; Max \$250	
Alternative	Tier 1	30% coinsurance No Min; Max \$50	\$25,000
	Tier 2	30% coinsurance Min \$150; Max \$250	
	Tier 3	30% coinsurance Min \$250; Max \$350	



Adjust Plan Provisions and Actuarial Values

Realign spread in actuarial values between current plans

Why?

- Ongoing migration from EPO and CDHP to LDPPO
- Actuarial values for LDPPO and EPO should be further apart

What?

- Adjust deductibles and out-of-pocket maximums
 - LDPPO does not currently have a deductible

Next Steps

- Develop specific options
- Determine plan and member impact



Adjust Plan Provisions and Actuarial Values

- Adjust deductible and OPMax level to better align differences in actuarial value
- Determine plan and member impact
- Adjust OPMax levels so richest plan (EPO) has lowest OMPax exposure

		CDHP	LDPPO	EPO	PEBP Impact
Current	Actuarial Value	79.0%	85.1%	88.7%	
	Deductible (EE/Fam)	IN: \$1,650/\$3,300 OON: \$1,650/\$3,300	IN: \$0/\$0 OON: \$0/\$0	IN: \$100/\$200 OON: N/A	
	OPMax (EE/Fam)	IN: \$4,000/\$8,000 OON: \$10,600/\$21,200	IN: \$4,000/\$8,000 OON: \$10,600/\$21,200	IN: \$5,000/\$10,000 OON: N/A	
Scenario 1	Actuarial Value	77.0%	83.0%	89.1%	(\$5.9M)
	Deductible (EE/Fam)	IN: \$1,700/\$3,400 OON: \$1,700/\$3,400	IN: \$300/\$600 OON: \$600/\$1,200	IN: \$100/\$200 OON: N/A	
	OPMax (EE/Fam)	IN: \$6,000/\$10,000 OON: \$15,000/\$25,000	IN: \$5,000/\$10,000 OON: \$12,500/\$25,000	IN: \$4,000/\$8,000 OON: N/A	
Scenario 2	Actuarial Value	76.2%	83.0%	89.1%	(\$6.8M)
	Deductible (EE/Fam)	IN: \$2,000/\$4,000 OON: \$2,000/\$4,000	IN: \$300/\$600 OON: \$600/\$1,200	IN: \$100/\$200 OON: N/A	
	OPMax (EE/Fam)	IN: \$6,000/\$10,000 OON: \$15,000/\$25,000	IN: \$5,000/\$10,000 OON: \$12,500/\$25,000	IN: \$4,000/\$8,000 OON: N/A	

Adjust Plan Provisions and Actuarial Values

Offset increases in CDHP Deductible with increased HSA/HRA Plan contributions

Coverage Tier	November 2025	Current Annual Contribution
Participant Only	18,500	\$700
Participant & Spouse	2,400	\$900
Participant & Child(ren)	4,100	\$900 - \$1,300
Participant & Family	2,500	\$1,000 - \$1,300
Total	27,500	

Increase in Annual Employer Contribution	Annual <u>Cost</u>
\$50	\$0.7M
\$100	\$1.4M
\$200	\$2.8M

Annual net impact for different Deductible/OPMax and HSA/HRA combinations

		Scenario 1	Scenario 2
Annual HSA/HRA Increase	\$0	(\$5.9M)	(\$6.8M)
	\$50	(\$5.2M)	(\$6.1M)
	\$100	(\$4.5M)	(\$4.6M)
	\$200	(\$3.1M)	(\$4.1M)

Restore LTD Benefit

Why?

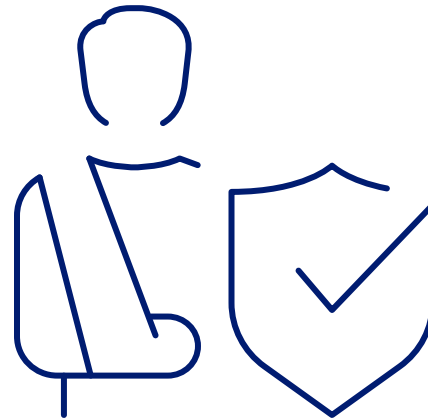
- Interest in investigating potential cost to restore prior LTD benefits (PEBP paid)

What?

- Restore prior LTD benefit
 - Eligibility: FTEs working 30+ hours/week
 - Benefit qualification: Cannot perform own occupation for 24 months; cannot perform any occupation thereafter
 - Elimination period: 180 days
 - Benefit: 60% of income, up to \$7.500 monthly
 - Restore prior LTD benefit:
- **Cost: \$5.5M - \$6.0M annually**

Next Steps

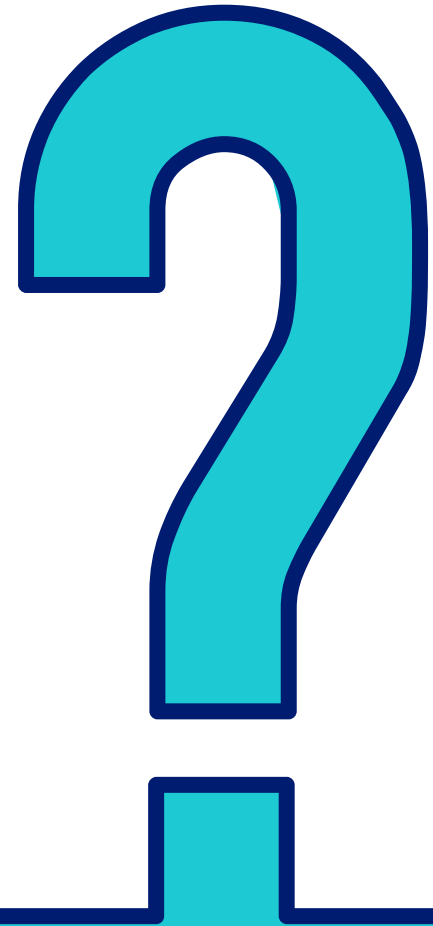
- Draft and Issue RFP (if approved)



Summary

Option	Description	PY27 Cost/(Savings)
UMR Rx Coupon Program	Variable Coupon Program for medical Rx, similar to SaveOnSP for outpatient Rx	Net PEBP: (\$840,000) Members: (\$400,000)
Prior Authorizations	Remove PAs for biopsies (and potentially other services with 99%+ approval rate)	\$0
Out-of-Network Lab	Pay first OON lab at network benefit and educate member on network access and savings – two options: <ul style="list-style-type: none"> • First ever incidence • First incidence annually 	\$1,000 - \$2,000
Diagnostic colonoscopies and breast imaging	Cover at 100% (deducible applies in CDHP)	<ul style="list-style-type: none"> • Colonoscopies: \$200,000 • Breast Imaging: \$150,000
Vision: Annual Benefit Maximum	Increase ABL from \$100 to \$200, \$250 or \$300	<ul style="list-style-type: none"> • \$200 ABL: \$100,000 • \$250 ABL: \$140,000 • \$300 ABL: \$170,000
Vision: Hardware Coverage	Cover frames/hardware in CDHP	\$100,000
Rx: 3-tier Specialty Copay	Introduce 3 tier-specialty copays to incentivize biosimilar and generic utilization	\$25,000
Rx: Increase Non-Preferred Brand Cost Share	Increase non-preferred brand copays to incentivize generic utilization or eliminate coverage for Non-Preferred Brands	(\$100,000 - \$600,000)
Modify Current Plans	Adjust deductibles/OPMaxes and/or HSA/HRA contributions	(\$3.1M-\$6.8M)
Restore LTD	Restore PEBP-paid LTD benefit	\$5.5M - \$6.0M

Questions



| Appendix

Current Plan Designs and Premiums

In-network benefits

	CDHP	LDPPPO	EPO	HMO
Actuarial Value	76.0%	85.1%	88.7%	91.4%
Service Area	Global	Global	Northern Nevada	Southern Nevada
Annual Deductible	\$1,600 Individual \$3,200 Family \$3,200 Individual Family Member Deductible	\$0	\$100 Individual \$200 Family \$100 Individual Family Member Deductible	N/A With exception of Tier 4 prescription drug coverage
Medical Coinsurance	20% after deductible	20% after deductible	20% after deductible	N/A
Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Primary Care/ Specialist Office Visit	20% after deductible	\$30/ \$50 copay per visit	\$20/ \$40 copay per visit	\$25/ \$40 (\$25 with referral) copay per visit
Urgent Care Visit	20% after deductible	\$80 copay per visit	\$50 copay per visit	\$50 copay per visit
Emergency Room Visit	20% after deductible	\$750 copay per visit	\$600 copay per visit	\$600 copay per visit
In-Patient Hospital	20% after deductible	20% after deductible	\$600 copay per visit	\$600 copay per visit
Outpatient Surgery	20% after deductible	\$500 copay per visit	\$350 copay per visit	Ambulatory Facility \$50 copay Hospital \$350 copay
PY2026 Employee Only Premium	\$55.26	\$91.79	\$219.91	\$219.91

* Actuarial Value based on FY22 and FY23 data.

** 30-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4

***Deductible: \$100 Individual, \$200 Family

Top 10 Non-Preferred Brand Drug Utilization

Top 10 by Rx Count

Drug Name	# Distinct Patients	# Scripts	Plan Paid	Average Plan Paid per Rx
Vraylar	117	526	\$788,651	\$1,499.34
Vyvanse	121	386	\$91,928	\$238.15
Rexulti	30	133	\$204,787	\$1,539.76
Xcopri	10	101	\$125,110	\$1,238.71
Veozah	32	86	\$49,782	\$578.86
Trintellix	26	76	\$56,563	\$744.26
Caplyta	24	72	\$108,678	\$1,509.42
Briviact	13	72	\$121,296	\$1,684.67
Zoryve	29	66	\$35,496	\$537.82
Gemtesa	28	56	\$52,394	\$935.60

Top 10 by Average Cost per Rx

Drug Name	# Distinct Patients	# Scripts	Plan Paid	Average Plan Paid per Rx
Fintepla	3	28	\$475,621	\$16,986.47
Jynarque	3	25	\$470,447	\$18,817.90
Koselugo	1	7	\$157,962	\$22,566.01
Galafold	1	6	\$178,991	\$29,831.82
Tepezza	1	5	\$223,944	\$44,788.83
Onureg	1	4	\$101,311	\$25,327.81
Nexvazyme	1	4	\$293,528	\$73,382.09
Vowst Capsule	2	2	\$36,696	\$18,347.97
Supprelin LA	1	1	\$48,563	\$48,563.33
Mavenclad	1	1	\$90,712	\$90,712.15

* Non-preferred drugs dispensed between May 1, 2024 and April 30, 2025

** Top 10 based on # Scripts dispensed

***Patient Count is approximate given multiple strengths may be used by a patient

Current PY2026 Employee Contributions

State Active Rates	CDHP	Copay	EPO
Participant	\$55.26	\$91.79	\$219.91
Participant + Spouse	\$313.94	\$386.99	\$643.23
Participant + Children	\$152.27	\$202.48	\$378.65
Participant + Family	\$410.94	\$497.68	\$801.97

State Retiree Rates	CDHP	Copay	EPO
Participant	\$278.06	\$314.58	\$442.70
Participant + Spouse	\$702.81	\$775.85	\$1,032.09
Participant + Children	\$437.34	\$487.56	\$663.73
Participant + Family	\$862.09	\$948.83	\$1,253.12

Illustrative PY2026 Employee Contribution - based on Weighted Avg All Other				Differences		
State Active Rates	CDHP	Copay	EPO	CDHP	Copay	EPO
Participant	\$55.26	\$107.22	\$122.73	\$0.00	\$15.43	-\$97.18
Participant + Spouse	\$313.94	\$413.91	\$461.36	\$0.00	\$26.92	-\$181.87
Participant + Children	\$152.27	\$222.23	\$249.72	\$0.00	\$19.75	-\$128.93
Participant + Family	\$410.94	\$528.92	\$588.35	\$0.00	\$31.24	-\$213.62
State Retiree Rates						
Participant	\$278.06	\$342.11	\$391.95	\$0.00	\$27.53	-\$50.75
Participant + Spouse	\$702.81	\$815.37	\$921.08	\$0.00	\$39.52	-\$111.01
Participant + Children	\$437.34	\$519.59	\$590.38	\$0.00	\$32.03	-\$73.35
Participant + Family	\$862.09	\$992.85	\$1,119.51	\$0.00	\$44.02	-\$133.61

Illustrative PY2026 Employee Contribution - Alternative				Differences		
State Active Rates	CDHP	Copay	EPO	CDHP	Copay	EPO
Participant	\$63.69	\$132.86	\$152.08	\$8.43	\$41.07	-\$67.83
Participant + Spouse	\$355.70	\$437.65	\$501.71	\$41.75	\$50.66	-\$141.52
Participant + Children	\$173.19	\$247.15	\$283.19	\$20.92	\$44.67	-\$95.46
Participant + Family	\$465.20	\$551.94	\$632.82	\$54.26	\$54.26	-\$169.15
State Retiree Rates						
Participant	\$252.89	\$351.79	\$403.04	-\$25.17	\$37.21	-\$39.66
Participant + Spouse	\$670.04	\$874.28	\$1,002.40	-\$32.77	\$98.43	-\$29.69
Participant + Children	\$409.32	\$547.73	\$627.81	-\$28.02	\$60.17	-\$35.92
Participant + Family	\$826.47	\$1,070.22	\$1,227.17	-\$35.62	\$121.39	-\$25.95

Illustrative PY2026 Employee Contribution - based on Theresa's Notes				Differences		
State Active Rates	CDHP	Copay	EPO	CDHP	Copay	EPO
Participant	\$84.92	\$177.15	\$202.77	\$29.66	\$85.36	-\$17.14
Participant + Spouse	\$251.78	\$481.94	\$552.40	-\$62.16	\$94.95	-\$90.83
Participant + Children	\$147.49	\$291.44	\$333.88	-\$4.78	\$88.96	-\$44.77
Participant + Family	\$314.35	\$596.23	\$683.51	-\$96.59	\$98.55	-\$118.46
State Retiree Rates						
Participant	\$252.89	\$351.79	\$403.04	-\$25.17	\$37.21	-\$39.66
Participant + Spouse	\$711.76	\$961.36	\$1,102.30	\$8.95	\$185.51	\$70.21
Participant + Children	\$424.96	\$580.38	\$665.27	-\$12.38	\$92.82	\$1.54
Participant + Family	\$883.83	\$1,189.96	\$1,364.53	\$21.74	\$241.13	\$111.41

		CDHP	All Other	Copay	EPO	Employee Cont		Change in EE Contributions	Current PY2026 Employee Contributions			
Current (PY2026)	State Actives								State Active Rates	CDHP	Copay	EPO
	Employee	6.5%	12.1%	10.4%	21.7%			\$6,219,564	Participant	\$55.26	\$91.79	\$219.91
	Dependents	31.0%	35.2%	33.9%	42.4%			\$6,219,703	Participant + Spouse	\$313.94	\$386.99	\$643.23
							Check		Participant + Children	\$152.27	\$202.48	\$378.65
Alternative	State Retirees								Participant + Family	\$410.94	\$497.68	\$801.97
	Retiree	33.0%	38.9%	35.8%	43.9%				State Retiree Rates			
	Dependents	50.9%	54.3%	53.0%	59.0%				Participant	\$278.06	\$314.58	\$442.70
									Participant + Spouse	\$702.81	\$775.85	\$1,032.09
						\$7,402,516	\$1,182,952		Participant + Children	\$437.34	\$487.56	\$663.73
									Participant + Family	\$862.09	\$948.83	\$1,253.12
									Illustrative PY2026 Employee Contribution - based on Weighted Avg All Other			
									State Active Rates	CDHP	Copay	EPO
									Participant	\$55.26	\$107.22	\$122.73
									Participant + Spouse	\$313.94	\$413.91	\$461.36
									Participant + Children	\$152.27	\$222.23	\$249.72
									Participant + Family	\$410.94	\$528.92	\$588.35
									State Retiree Rates			
									Participant	\$278.06	\$342.11	\$391.95
									Participant + Spouse	\$702.81	\$815.37	\$921.08
									Participant + Children	\$437.34	\$519.59	\$590.38
									Participant + Family	\$862.09	\$992.85	\$1,119.51
									Differences			
									CDHP	Copay	EPO	
									\$0.00	\$15.43	-\$97.18	
									\$0.00	\$26.92	-\$181.87	
									\$0.00	\$19.75	-\$128.93	
									\$0.00	\$31.24	-\$213.62	
									\$0.00	\$27.53	-\$50.75	
									\$0.00	\$39.52	-\$111.01	
									\$0.00	\$32.03	-\$73.35	
									\$0.00	\$44.02	-\$133.61	
									Illustrative PY2026 Employee Contribution - Alternative			
									State Active Rates	CDHP	Copay	EPO
									Participant	\$84.92	\$159.44	\$304.16
									Participant + Spouse	\$251.78	\$464.23	\$753.68
									Participant + Children	\$147.49	\$273.73	\$472.73
									Participant + Family	\$314.35	\$578.52	\$922.25
									State Retiree Rates			
									Participant	\$252.89	\$325.41	\$453.42
									Participant + Spouse	\$711.76	\$908.86	\$1,202.63
									Participant + Children	\$424.96	\$544.21	\$734.38
									Participant + Family	\$883.83	\$1,127.65	\$1,483.58
									Differences			
									CDHP	Copay	EPO	
									\$29.66	\$67.65	\$84.25	
									-\$62.16	\$77.24	\$110.45	
									-\$4.78	\$71.25	\$94.08	
									-\$96.59	\$80.84	\$120.28	
									-\$25.17	\$10.83	\$10.72	
									\$8.95	\$133.01	\$170.54	
									-\$12.38	\$56.65	\$70.65	
									\$21.74	\$178.82	\$230.46	