

**COUNTY PROPOSAL**  
**For 2026 Health Insurance Premium Cost Sharing**  
**Washington County and All Bargaining Units September 5, 2025**

EMPLOYEE ONLY				
	COPAY Plan Distinctions II Perform	HDHP \$3,500 -90% HSA Perform	HDHP \$4,500 – 90% HSA	
			Perform	Select (Narrow Network)
Premium	\$979.20	\$871.48	\$830.44	\$720.28
County Contribution	<u>\$842.11</u>	<u>\$834.44</u>	<u>\$822.14</u>	<u>\$713.08</u>
Employee Cost	<b>\$137.09</b>	<b>\$37.04</b>	<b>\$8.30</b>	<b>\$7.20</b>
EMPLOYEE + CHILD(REN)				
	COPAY Plan Distinctions II Perform	HDHP \$3,500 -90% HSA Perform	HDHP \$4,500 – 90% HSA	
			Perform	Select (Narrow Network)
Premium	\$1,668.29	\$1,484.76	\$1,414.83	\$1,227.15
County Contribution	<u>\$1,109.41</u>	<u>\$1,202.66</u>	<u>\$1,195.53</u>	<u>\$1,036.95</u>
Employee Cost	<b>\$558.88</b>	<b>\$282.10</b>	<b>\$219.30</b>	<b>\$190.20</b>
EMPLOYEE + SPOUSE				
	COPAY Plan Distinctions II Perform	HDHP \$3,500 -90% HSA Perform	HDHP \$4,500 – 90% HSA	
			Perform	Select (Narrow Network)
Premium	\$2,256.65	\$2,008.40	\$1,913.81	\$1,659.93
County Contribution	<u>\$1,472.46</u>	<u>\$1,601.70</u>	<u>\$1,607.60</u>	<u>\$1,394.34</u>
Employee Cost	<b>\$784.19</b>	<b>\$406.70</b>	<b>\$306.21</b>	<b>\$265.59</b>
FAMILY				
	COPAY Plan Distinctions II Perform	HDHP \$3,500 -90% HSA Perform	HDHP \$4,500 – 90% HSA	
			Perform	Select (Narrow Network)
Premium	\$2,649.75	\$2,358.25	\$2,247.18	\$1,949.08
County Contribution	<u>\$1,728.96</u>	<u>\$1,892.50</u>	<u>\$1,898.86</u>	<u>\$1,646.97</u>
Employee Cost	<b>\$920.79</b>	<b>\$465.75</b>	<b>\$348.32</b>	<b>\$302.11</b>

Reminder: The 2025 County contributions apply until the Collective Bargaining Agreement for 2026 is settled. The Employer reserves the right to add, delete, withdraw or modify this proposal at any time during negotiations.

**For 2026 Health Insurance Premium Cost Sharing  
Washington County and All Bargaining Units  
September 5, 2025**

Insurance

The Employer agrees to provide medical coverage in accordance with the terms of its group policy with the various providers. The Employer shall pay the following amounts for coverage under said policies:

Employee Only plans:

\$4,500-90% HSA (Perform or Select): County Pays 99% of the premium  
\$3,500- 90% HSA Perform: County Pays: County Pays 95.75% of the premium  
Copay Plan Distinctions II: County Pays County Pays 86.00% of the premium

Employee+ Children plans:

\$4,500-90% HSA (Perform or Select): County Pays 84.5% of the premium  
\$3,500- 90% HSA Perform: County Pays: County Pays 81% of the premium  
Copay Plan Distinctions II: County Pays County Pays 66.5% of the premium

Employee+ Spouse:

\$4,500-90% HSA (Perform or Select): County Pays 84% of the premium  
\$3,500- 90% HSA Perform: County Pays: County Pays 79.75% of the premium  
Copay Plan Distinctions II: County Pays County Pays 65.25% of the premium

Family plans:

\$4,500-90% HSA (Perform or Select): County Pays 84.5% of the premium  
\$3,500- 90% HSA Perform: County Pays: County Pays 80.25% of the premium  
Copay Plan Distinctions II: County Pays County Pays 65.25% of the premium

**Reminder: The 2025 County contributions apply until the Collective Bargaining Agreement for 2026 is settled.**

**The Employer reserves the right to add, delete, withdraw or modify this proposal at any time during negotiations.**

2026 Max out of pocket costs

EMPLOYEE	Monthly			
	Copay Plan	\$3500 HDHP	\$4500 HDHP	\$4500 HDHP -
			Perform	Select (Narrow)
ER Monthly Premium Contribution	\$842.11	\$834.44	\$822.14	\$713.08
EE Monthly Premium Contribution	<u>\$137.09</u>	<u>\$37.04</u>	<u>\$8.30</u>	<u>\$7.20</u>
<b>Total Monthly Premium (EE + ER Premium Contribution)</b>	<b>\$979.20</b>	<b>\$871.48</b>	<b>\$830.44</b>	<b>\$720.28</b>
ER Annual Premium Contribution	\$10,105.32	\$10,013.28	\$9,865.68	\$8,556.96
ER Annual HSA Contribution	<u>\$0.00</u>	<u>\$1,300.00</u>	<u>\$1,600.00</u>	<u>\$1,600.00</u>
<b>Total ER Contribution (ER Premium + ER HSA)</b>	<b>\$10,105.32</b>	<b>\$11,313.28</b>	<b>\$11,465.68</b>	<b>\$10,156.96</b>
EE Annual Premium Contribution	\$1,645.08	\$444.48	\$99.60	\$86.40
EE Annual Plan Deductible (Used Tier 1)	\$2,000.00	\$3,500.00	\$4,500.00	\$4,500.00
EE Annual Out of Pocket Maximum (OOP) (Used Tier 1)	<u>\$4,500.00</u>	<u>\$5,000.00</u>	<u>\$6,000.00</u>	<u>\$6,000.00</u>
<b>EE Net Annual Exposure (EE Premium + OOP -ER HSA)</b>	<b>\$6,145.08</b>	<b>\$4,144.48</b>	<b>\$4,499.60</b>	<b>\$4,486.40</b>
<b>EE Annual Premium Contribution + Deductible - ER HSA</b>	<b>\$3,645.08</b>	<b>\$2,644.48</b>	<b>\$2,999.60</b>	<b>\$2,986.40</b>

EMPLOYEE + CHILD(REN)	Monthly			
	Copay Plan	\$3500 HDHP	\$4500 HDHP	\$4500 HDHP -
			Perform	Select (Narrow)
ER Monthly Premium Contribution	\$1,109.41	\$1,202.66	\$1,195.53	\$1,036.95
EE Monthly Premium Contribution	<u>\$558.88</u>	<u>\$282.10</u>	<u>\$219.30</u>	<u>\$190.20</u>
<b>Total Monthly Premium (EE + ER Premium Contribution)</b>	<b>\$1,668.29</b>	<b>\$1,484.76</b>	<b>\$1,414.83</b>	<b>\$1,227.15</b>
ER Annual Premium Contribution	\$13,312.92	\$14,431.92	\$14,346.36	\$12,443.40
ER Annual HSA Contribution	<u>\$0.00</u>	<u>\$1,700.00</u>	<u>\$2,200.00</u>	<u>\$2,200.00</u>
<b>Total ER Contribution (ER Premium + ER HSA)</b>	<b>\$13,312.92</b>	<b>\$16,131.92</b>	<b>\$16,546.36</b>	<b>\$14,643.40</b>
EE Annual Premium Contribution	\$6,706.56	\$3,385.20	\$2,631.60	\$2,282.40
EE Annual Plan Deductible (Used Tier 1)	\$4,000.00	\$7,000.00	\$9,000.00	\$9,000.00
EE Annual Out of Pocket Maximum (OOP) (Used Tier 1)	<u>\$9,000.00</u>	<u>\$10,000.00</u>	<u>\$12,000.00</u>	<u>\$12,000.00</u>
<b>EE Net Annual Exposure (EE Premium + OOP -ER HSA)</b>	<b>\$15,706.56</b>	<b>\$11,685.20</b>	<b>\$12,431.60</b>	<b>\$12,082.40</b>
<b>EE Annual Premium Contribution + Deductible - ER HSA</b>	<b>\$10,706.56</b>	<b>\$8,685.20</b>	<b>\$9,431.60</b>	<b>\$9,082.40</b>

EMPLOYEE + SPOUSE	Monthly			
	Copay Plan	\$3500 HDHP	\$4500 HDHP	\$4500 HDHP -
			Perform	Select (Narrow)
ER Monthly Premium Contribution	\$1,472.46	\$1,601.70	\$1,607.60	\$1,394.34
EE Monthly Premium Contribution	<u>\$784.19</u>	<u>\$406.70</u>	<u>\$306.21</u>	<u>\$265.59</u>
<b>Total Monthly Premium (EE + ER Premium Contribution)</b>	<b>\$2,256.65</b>	<b>\$2,008.40</b>	<b>\$1,913.81</b>	<b>\$1,659.93</b>
ER Annual Premium Contribution	\$17,669.52	\$19,220.40	\$19,291.20	\$16,732.08
ER Annual HSA Contribution	<u>\$0.00</u>	<u>\$1,700.00</u>	<u>\$2,200.00</u>	<u>\$2,200.00</u>
<b>Total ER Contribution (ER Premium + ER HSA)</b>	<b>\$17,669.52</b>	<b>\$20,920.40</b>	<b>\$21,491.20</b>	<b>\$18,932.08</b>
EE Annual Premium Contribution	\$9,410.28	\$4,880.40	\$3,674.52	\$3,187.08
EE Annual Plan Deductible (Used Tier 1)	\$4,000.00	\$7,000.00	\$9,000.00	\$9,000.00
EE Annual Out of Pocket Maximum (OOP) (Used Tier 1)	<u>\$9,000.00</u>	<u>\$10,000.00</u>	<u>\$12,000.00</u>	<u>\$12,000.00</u>
<b>EE Net Annual Exposure (EE Premium + OOP -ER HSA)</b>	<b>\$18,410.28</b>	<b>\$13,180.40</b>	<b>\$13,474.52</b>	<b>\$12,987.08</b>
<b>EE Annual Premium Contribution + Deductible - ER HSA</b>	<b>\$13,410.28</b>	<b>\$10,180.40</b>	<b>\$10,474.52</b>	<b>\$9,987.08</b>

FAMILY	Monthly			
	Copay Plan	\$3500 HDHP	\$4500 HDHP	\$4500 HDHP -
			Perform	Select (Narrow)
ER Monthly Premium Contribution	\$1,728.96	\$1,892.50	\$1,898.86	\$1,646.97
EE Monthly Premium Contribution	<u>\$920.79</u>	<u>\$465.75</u>	<u>\$348.32</u>	<u>\$302.11</u>
<b>Total Monthly Premium (EE + ER Premium Contribution)</b>	<b>\$2,649.75</b>	<b>\$2,358.25</b>	<b>\$2,247.18</b>	<b>\$1,949.08</b>
ER Annual Premium Contribution	\$20,747.52	\$22,710.00	\$22,786.32	\$19,763.64
ER Annual HSA Contribution	<u>\$0.00</u>	<u>\$1,700.00</u>	<u>\$2,200.00</u>	<u>\$2,200.00</u>
<b>Total ER Contribution (ER Premium + ER HSA)</b>	<b>\$20,747.52</b>	<b>\$24,410.00</b>	<b>\$24,986.32</b>	<b>\$21,963.64</b>
EE Annual Premium Contribution	\$11,049.48	\$5,589.00	\$4,179.84	\$3,625.32
EE Annual Plan Deductible (Used Tier 1)	\$4,000.00	\$7,000.00	\$9,000.00	\$9,000.00
EE Annual Out of Pocket Maximum (OOP) (Used Tier 1)	<u>\$9,000.00</u>	<u>\$10,000.00</u>	<u>\$12,000.00</u>	<u>\$12,000.00</u>
<b>EE Net Annual Exposure (EE Premium + OOP -ER HSA)</b>	<b>\$20,049.48</b>	<b>\$13,889.00</b>	<b>\$13,979.84</b>	<b>\$13,425.32</b>
<b>EE Annual Premium Contribution + Deductible - ER HSA</b>	<b>\$15,049.48</b>	<b>\$10,889.00</b>	<b>\$10,979.84</b>	<b>\$10,425.32</b>