



Milliman
4370 La Jolla Village Drive
Suite 700
San Diego, CA 92122
USA

milliman.com

MEMO

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To: Sara Whitley
Employee and Retirees Benefits (ERB) Finance Unit Manager
Washington State Health Care Authority

From: Robert Schmidt, FSA, MAAA
Consulting Actuary

Robert Cosway, FSA, MAAA
Consulting Actuary

Re: Washington PEBB – Medicare Retiree Benefit and Premium – 50 State Comparison

The State of Washington is reviewing the current health benefits offered to retirees that are eligible for Medicare. States and other large employers have adopted a variety of designs for providing health benefits that supplement Medicare. On an earlier request by Washington in November 2022, Milliman had provided benefit and premium information for eleven states. Washington has now asked Milliman to update the report to include all 50 states.

For each state, we provide data addressing the following for plans offered to Medicare eligible retirees:

1. Which type of plans are offered?

We identify all of the plan options offered to Medicare retirees. (We excluded grandfathered options in several states that are not open to new members.)

For each, we identify:

- How the plan integrates with Medicare (Medicare Advantage, MA-PD, Medicare Supplement, Coordination of Benefits, etc.)
- Whether the plan is self-funded or fully insured
- The state's distribution of Medicare retirees by option, where available.

2. What are the benefit provisions for each plan?
3. What are the total and retiree premiums for each plan?

BACKGROUND

Most public retirees will have qualified for Medicare benefits as a result of their employment history. At age 65, these retirees are eligible to enroll in Medicare. Enrollment in Medicare has four main implications.

The first implication is not apparent to the employer or retiree but can significantly reduce the total medical cost for each retiree. Prior to age 65, total payments to network providers are determined by the reimbursement rates in the contracts between the network and the provider. After age 65 these contracted rates are replaced by the Medicare Allowable fee schedule for the services provided. This results in a significant reduction in the total medical cost for each retiree, even before the cost split between the employer and retiree is considered.

Note that this reduction in provider reimbursement rates does not occur for prescription drugs, since Medicare does not set the prices for prescription drugs.

Second, the Medicare program becomes the primary insurer, paying approximately 80% of the Medicare Allowable costs for medical (non-pharmacy) costs. The Medicare program also pays some of the retiree's pharmacy cost, depending on how they participate in Part D.

Third, the retiree must pay a monthly "Part B" premium for their Medicare coverage, currently about \$165 per month.

Finally, Medicare retirees, and their employers, have options for how their Medicare benefits are financed and delivered. For non-pharmacy benefits, the Medicare Advantage program can provide richer benefits at a lower cost than standard Medicare. Pharmacy benefits can be financed either through a Medicare Advantage Plan or a PDP plan.

Employer Options for Reflecting Medicare in Retiree Benefit Design

1. Medicare Advantage
2. Medicare Supplement (NAIC Standard)
3. Medicare Supplement (non-NAIC Standard Cost Sharing)
4. Existing Plan coordinates with Medicare

The following sections summarize each of these options:

Medicare Advantage

Under Medicare Advantage, the retiree agrees to receive all of their care from a carrier's provider network. These plans have lower cost sharing than standard Medicare and sometimes cover additional benefits. These plans often produce a lower beneficiary out of pocket cost (premiums plus cost sharing) than can be obtained with a Medicare Supplement Plan.

Medicare Supplement (NAIC Standard)

Medicare Supplement plans are designed to pay a defined portion of the retiree's Medicare allowed costs that are not paid by Medicare. For example, since Medicare does not pay for the Part A deductible portion of an inpatient admission, the Part B deductible, and 20% of Part B costs after the deductible, a Medicare Supplement plan will define how much of these three components of the retiree's cost sharing it will pay. The National Association of Insurance Commissioners (NAIC) has defined standard plans that can be sold to individual beneficiaries.

Medicare Supplement (non-NAIC Standard Cost Sharing)

Employers can use an NAIC-standard design for a Medicare Supplement plan covering their retirees. Optionally, they may elect to customize their Medicare Supplement plans. For example, where a NAIC standard plan might cover all of the retiree's 20% Part B Coinsurance, the plan could define dollar copays that total much less than 20% of the Medicare Allowed amount, but still require the retiree to pay moderate copays for office visits, etc.

Existing Plan coordinates with Medicare

All health plans have coordination of benefit (COB) provisions for insureds that have other health insurance that is "primary." Some employers allow their retirees turning 65 to remain in the same plan and apply the plan's COB provisions to determine how Medicare's benefit payments reduce the amounts payable by the plan. Under these plans, each medical claim for a Medicare retiree is first processed by Medicare. Then, any remaining unpaid Medicare allowed charges are processed under the employer's plan, like any other claim. There are several ways that plans can design their COB provisions.

The three common approaches are carve-out, maintenance of benefits (MOB), and coordination of benefits (COB).

Payments for each type of plan design are defined as follows:

- a. Carve-Out Plan — Under this method, benefit costs are determined as the benefits payable based on the total plan eligible charges (assuming no Medicare payment) less the amount of Medicare payments. This approach is also known as a Benefit Offset approach.
- b. Maintenance of Benefits (MOB) Plan — This approach subtracts Medicare payments from total plan eligible charges and then applies the plan's benefit limits and cost-sharing provisions to the remaining charges. This is also known as an Eligible Expense Offset Plan
- c. Coordination of Benefits (COB) Plan — Under this method, Medicare is treated as the primary carrier and benefits are paid as described in the policy's coordination of benefits (COB) provision. Such plans pay all amounts not covered by Medicare up to the amount that would be paid in the absence of Medicare.

The cost to the employer can vary significantly based on the COB method chosen. Also, it is much harder to illustrate a retiree's cost sharing for particular services under any of these methods, as compared to Medicare Advantage or Medicare Supplement plans.

RESULTS

Milliman has been collecting this type of information for many years. The Milliman Atlas of Public Employer Health Plans is a research effort created to support and improve public-sector decision making by providing data-driven health plan benchmarking and analysis. This research effort seeks to provide useful tools and analysis for the questions faced by public employers and related stakeholders.

In this section we first describe the exhibits that contain the requested benefit and premium information and the order in which they are included in this report. We then provide a brief overview for each state, including the number and types of plans offered to Medicare retirees, and the approach used to determine the portion of the total plan cost that is paid by the retiree through monthly contributions.

All benefit and premium information in this report is for the Medicare retiree health benefits offered to a state's general employees. Some state's offer different Medicare retiree health benefits to certain employee types, such as fire and police. Where relevant, in the overview below we have identified the existence of these plans covering specific employee types.

Exhibit 1: Total and Retiree Premium Rate Comparison

Exhibit 1 shows the retiree and employer contributions to the total premiums by employer and option. Values are shown as a monthly dollar amount and as a percentage of the total monthly premium. This exhibit shows values only for a single Medicare retiree.

The total premium/funding rates for an employer are usually determined by an insurance carrier for insured options, or the employer and its consultants for self-funded options. Once these total rates are determined, employers have wide discretion in determining the portion of these rates charged to retirees. The exhibit in this section shows the dollar amounts and percentage splits between the employer and retiree for the comparison group. This can provide insight about the general approaches public employers use to set retiree contributions. Some employers contribute a fixed dollar amount towards healthcare coverage regardless of the plan selected. Other employers pay the same percentage towards healthcare coverage regardless of the plan selected. Others use some combination, or neither.

Many states contribute different amounts toward a retiree's premium depending on their years of service at retirement. For these states, the employer rates in Exhibit 1 are for a long-service retiree at age 65.

Exhibit 1 also identifies our assessment of the type of each option (Medicare Advantage, Medicare Supplement, etc.) and whether the option is self-funded or fully insured. For the options that coordinate with an existing employer plan, we identify whether they are Carve-Out, Maintenance of Benefits (MOB), or Coordination of Benefits (COB) Plans under the definitions above. These terms are not always used consistently by health plans. If PEBB is considering adding or modifying plans of these types, we suggest a more detailed analysis than contained in this report.

Exhibit 2: Benefit Plan Comparison

Exhibit 2 provides a summary of the most significant cost sharing provisions for each plan offered by each employer in the comparison group. In general, cost sharing provisions are stated as the dollar or percentage amount paid by the member, with the plan, or Medicare, paying the remainder.

Exhibit 3: 2023 Monthly Contribution (\$) by State and Option – Only States offering Medicare COB Plans

Exhibit 3 provides more focus on those of the 50 states that offer one or more Medicare COB plans. Exhibit 3a displays the retiree and employer monthly premiums for just the Medicare COB plans we identified in all states, in chart and table format. Exhibit 3b displays all options offered by these states that offer one or more Medicare COB plans.

The exhibits are included in the following sections of the Appendix:

- Phase 1: 11 State Study – Exhibits 1 and 2
- Phase 2: 39 State Study – Exhibits 1 and 2
- Only States offering Medicare COB Plans – Exhibits 3a and 3b

Overview of Medicare Retiree Plans including Retiree Contribution Rate Strategy

(Phase 1: 11 states)

State of California

The state of California offers 10 health plan options to its Medicare eligible retirees, 4 HMO, 4 PPO and 2 Supplemental plan options. The state contributes a fixed dollar amount towards the total retiree-only premium regardless of the plan option. The state contribution cannot exceed the total retiree-only premium for the option chosen. This contribution accounts for 67% to 100% of the plan cost depending upon the plan option chosen.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

This report excludes separate Medicare Advantage & Supplemental plans offered to California Highway Patrolmen Assoc (CAHP), California Correctional Peace Officers Assoc (CCPOA) and California Peace Officers Research Assoc (PORAC) employees.

State of Colorado

The state of Colorado offers 3 health plan options to its Medicare eligible retirees, 1 HMO and 2 PPO plan options. The state contributes a fixed dollar amount towards the total retiree-only premium regardless of the plan option. The state contribution cannot exceed the total retiree-only premium for the option chosen. This contribution accounts for 68% to 100% of the plan cost depending upon the plan option chosen.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

State of Florida

The state of Florida offers 8 health plan options to its Medicare eligible retirees, 5 HMO and 3 PPO plan options. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

State of Michigan

The state of Michigan offers 5 health plan options to its Medicare eligible retirees, 4 HMO and 1 PPO plan options. The state contributes 85% of the total retiree-only premium for HMO, and 100% of the total retiree-only premium for PPO plan options.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

This report excludes separate plans offered to Judges and state Police.

State of North Carolina

The state of North Carolina offers 3 PPO health plan options to its Medicare eligible retirees. The state does not contribute towards the total retiree-only premium for the Medicare Advantage Enhanced plan and the retiree is responsible for 100% of the plan cost. However, the state contributes 100% of the total retiree-only premium for the Medicare Advantage Base plan and the 70/30 Medicare PPO plan options offered.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

State of New York

The state of New York offers 18 health plan options to its Medicare eligible retirees, 17 HMO and 1 PPO plan options. The state appears to set the Medicare retiree premiums based on a percentage of the total premium rates. New York's methodology is different from all other states analyzed however, because their calculations are based on the composite total premium rates for all employees and retirees, including the Medicare retirees.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

State of Oregon

The state of Oregon offers 6 health plan options to its Medicare eligible retirees, 3 HMO, 2 PPO and 1 Supplemental plan options. The state contributes a fixed dollar amount towards the total retiree-only premium, regardless of the plan option. This contribution accounts for 18% to 27% of the plan cost depending upon the plan option chosen.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

State of Pennsylvania

The state of Pennsylvania offers 1 PPO health plan option to its Medicare eligible retirees. The retiree contributes 1.5% of their final average salary towards the plan premium regardless of the plan option.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

State of Texas

The state of Texas offers 2 health plan options to its Medicare eligible retirees, 1 PPO and 1 Supplemental plan options. The state contributes 100% of the total retiree-only premium regardless of the plan option.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

State of Virginia

The state of Virginia offers 1 PPO health plan option to its Medicare eligible retirees. The state does not contribute any amount towards the retiree-only premium and the retiree is responsible for 100% of the plan cost.

The state offers 3 additional variations of this Medicare Advantage plan:

- Advantage 65 + Dental/Vision
- Advantage 65 – Medical Only
- Advantage 65 – Medical Only + Dental/Vision plans

State of Washington

The state of Washington offers 7 health plan options to its Medicare eligible retirees, 3 HMO, 3 PPO and 1 Supplemental plan options. The state contributes 29% of the retiree-only premium for the UMP Classic PPO plan and 49% of the retiree-only premium for all other plan options.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

(Phase 2: 39 states)

State of Alaska

The state of Alaska offers 1 PPO health plan option to its Medicare eligible retirees. The state contributes 90% of the total retiree-only premium for the plan.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Alabama

The state of Alabama offers 1 PPO health plan option to its Medicare eligible retirees. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Arkansas

The state of Arkansas offers 1 PPO health plan option to its Medicare eligible retirees. The state contributes a fixed dollar amount towards the total retiree-only premium for the plan. This contribution accounts for 90% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Arizona

The state of Arizona offers 2 health plan option to its Medicare eligible retirees, 1 HMO and 1 PPO plan options. The state contributes a fixed dollar amount towards the total retiree-only premium regardless of the plan option. The state contribution cannot exceed the total retiree-only premium for the option chosen. This contribution accounts for 97% to 100% of the plan cost depending upon the plan option chosen.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Connecticut

The state of Connecticut offers 1 PPO health plan option to its Medicare eligible retirees. The state contributes 100% of the total retiree-only premium for the plan.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Delaware

The state of Delaware offers 1 Supplemental health plan option to its Medicare eligible retirees. The state contributes a fixed dollar amount towards the total retiree-only premium for the plan. This contribution accounts for 95% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Georgia

The state of Georgia offers 4 PPO health plan options to its Medicare eligible retirees. No information on the state contribution amounts for plan premiums was publicly available.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Hawaii

The state of Hawaii offers 3 health plan options to its Medicare eligible retirees, 1 HMO, 1 PPO and 1 Supplemental plan options. The state contributes 100% of the total retiree-only premium regardless of the plan option.

No separate Medical only or Prescription Only offering is available to Medicare eligible retirees.

State of Iowa

The state of Iowa offers 4 health plan options to its Medicare eligible retirees, 1 HMO, 1 PPO and 2 Supplemental plan options. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

Additional Medical only variations of the HMO and PPO plans are available to Medicare eligible retirees.

State of Idaho

No plan offering is made available by the state of Idaho to its Medicare eligible retirees.

State of Illinois

The state of Illinois offers 1 PPO health plan option to its Medicare eligible retirees. The state contributes 100% of the total retiree-only premium for the plan.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Indiana

No plan offering is made available by the state of Indiana to its Medicare eligible retirees.

State of Kansas

The state of Kansas offers 8 health plan options to its Medicare eligible retirees, 2 PPO and 6 Supplemental plan options. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

Additional Medical only variations of the Supplemental plans are available to Medicare eligible retirees.

State of Kentucky

The state of Kentucky offers 2 PPO health plan options to its Medicare eligible retirees. The state contributes a fixed dollar amount towards the total retiree-only premium regardless of the plan option. The state contribution cannot exceed the total retiree-only premium for the option chosen. This contribution accounts for 84% to 100% of the plan cost depending upon the plan option chosen.

Additional Medical only variations of the PPO plans are available to Medicare eligible retirees.

State of Louisiana

The state of Louisiana offers 19 HMO health plan options to its Medicare eligible retirees. The large number is mainly due to minor regional variations within the state. The state contributes 75% of the total retiree-only premium regardless of the plan option.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Massachusetts

The state of Massachusetts offers 6 health plan options to its Medicare eligible retirees, 1 HMO and 5 Supplemental plan options. The state contributes 80% of the total retiree-only premium for all but 1 of the plan options for which it contributes 77% of the total retiree-only premium.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Maryland

The state of Maryland offers 4 health plan options to its Medicare eligible retirees, 2 PPO and 2 EPO plan options. The state contributes 80% of the total retiree-only premium regardless of the plan option.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Maine

The state of Maine offers 1 PPO health plan option to its Medicare eligible retirees. The state contributes 100% of the total retiree-only premium for the plan.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Minnesota

The state of Minnesota offers 3 Supplemental health plan options to its Medicare eligible retirees. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Missouri

The state of Missouri offers 1 PPO health plan option to its Medicare eligible retirees. The state contributes a fixed dollar amount towards the total retiree-only premium for the plan. This contribution accounts for 64% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Mississippi

The state of Mississippi offers 1 PPO health plan option to its Medicare eligible retirees. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

This is a Medical only offering and no other plan is available to Medicare eligible retirees.

State of Montana

The state of Montana offers 1 PPO health plan option to its Medicare eligible retirees. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of North Dakota

The state of North Dakota offers 1 Supplemental health plan option to its Medicare eligible retirees. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Nebraska

No plan offering is made available by the state of Nebraska to its Medicare eligible retirees.

State of New Hampshire

The state of New Hampshire offers 1 PPO health plan option to its Medicare eligible retirees. The state contributes a fixed dollar amount towards the total retiree-only premium for the plan. This contribution accounts for 90% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of New Jersey

The state of New Jersey offers 9 health plan options to its Medicare eligible retirees, 2 HMO, 2 PPO and 5 Supplemental plan options. Retirees are responsible for a portion of the plan cost based on a percentage of the retiree's state retirement allowance and the state pays the remaining amount.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of New Mexico

The state of New Mexico offers 9 health plan options to its Medicare eligible retirees, 4 HMO, 4 PPO and 1 Supplemental plan options. The state contributes 50% of the total retiree-only premium regardless of the plan option.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Nevada

No plan offering is made available by the state of Nevada to its Medicare eligible retirees. Through an HRA, the state pays \$260 per month to eligible retirees. The retiree can apply this amount to any Medicare Supplement or MAPD plan.

State of Ohio

No plan offering is made available by the state of Ohio to its Medicare eligible retirees. Through an HRA, the State pays \$315 per month to eligible retirees. The retiree can apply this amount to any Medicare Supplement or MAPD plan.

State of Oklahoma

The state of Oklahoma offers 7 health plan options to its Medicare eligible retirees, 2 HMO, 2 PPO and 3 Supplemental plan options. The state contributes a fixed dollar amount towards the total retiree-only premium regardless of the plan option. The state contribution cannot exceed the total retiree-only premium for the option chosen. This contribution accounts for 25% to 57% of the plan cost depending upon the plan option chosen.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Rhode Island

No plan offering is made available by the state of Rhode Island to its Medicare eligible retirees. Through an HRA, the state pays 80% of the age-based premiums for a Benchmark Medicare Supplement Plan F policy. The retiree can apply this amount to any Medicare Supplement or MAPD plan.

State of South Carolina

The state of South Carolina offers 1 Supplemental health plan option to its Medicare eligible retirees. The state contributes a fixed dollar amount towards the total retiree-only premium for the plan. This contribution accounts for 83% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of South Dakota

The state of South Dakota offers 1 Supplemental health plan option to its Medicare eligible retirees. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

This is a Medical only offering and no other plan is available to Medicare eligible retirees.

State of Tennessee

The state of Tennessee offers 1 Supplemental health plan option to its Medicare eligible retirees. The state contributes a fixed dollar amount towards the total retiree-only premium for the plan. This contribution accounts for 34% of the plan cost.

This is a Medical only offering and no other plan is available to Medicare eligible retirees.

State of Utah

The state of Utah offers 3 Supplemental health plan options to its Medicare eligible retirees. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

Additional Medical only and Prescription only variations of the Supplemental plans are available to Medicare eligible retirees.

State of Vermont

The state of Vermont offers 2 Supplemental health plan options to its Medicare eligible retirees. The state contributes 80% of the total retiree-only premium regardless of the plan option.

These are Prescription only offerings and no other plan is available to Medicare eligible retirees.

State of Wisconsin

The state of Wisconsin offers 20 health plan options to its Medicare eligible retirees, 1 PPO and 19 Supplemental plan options. The large number is mainly due to minor regional variations within the state. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of West Virginia

The state of West Virginia offers 2 PPO health plan options to its Medicare eligible retirees. The state does not contribute towards plan premiums, and the retirees are responsible for 100% of the plan cost.

No separate Medical only or Prescription only offering is available to Medicare eligible retirees.

State of Wyoming

The state of Wyoming offers 4 health plan options to its Medicare eligible retirees, 3 PPO and 1 Supplemental plan options. The state contributes a fixed dollar amount towards the total retiree-only premium regardless of the plan option. The state contribution cannot exceed the total retiree-only premium for the option chosen. This contribution accounts for 25% to 30% of the plan cost depending upon the plan option chosen.

Additional Medical only variation of the Supplemental plan is available to Medicare eligible retirees.

DATA SOURCES

The data in these exhibits are based on information from individual state government websites. For most states, information is taken from documents posted annually with plan information to employees for benefits open enrollment. For other employers, information is taken from posted board meeting minutes.

In performing this analysis, we relied on data collected from state government websites. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

The services provided for this project are subject to the terms of the signed Consulting Services Agreement between Milliman and the Washington State Health Care Authority.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors are members of the American Academy of Actuaries, and meet the qualification standards for performing the analyses in this memo.

APPENDIX

Phase 1: 11 State Study

Exhibits 1 and 2

Exhibit 1
State of Washington - Survey of other states' Medicare Retiree Health Benefits
Retiree and Employer Contributions

State	Option	Effective Date	Medicare Plan type	Retiree Monthly		Employer Monthly		Total Monthly		Enrollment Distribution	Funding Status
				\$ Contribution	% Contribution	\$ Contribution	% Contribution	\$ Contribution	% Contribution		
CA	Anthem Medicare Preferred PPO	1/1/2023	Medicare Advantage	\$132	32%	\$282	68%	\$414	100%	0.0%	Fully Insured
CA	Blue Shield Medicare PPO	1/1/2023	Medicare Advantage	\$80	22%	\$282	78%	\$362	100%	0.6%	Fully Insured
CA	Kaiser Permanente Senior Advantage	1/1/2023	Medicare Advantage	\$1	0%	\$282	100%	\$283	100%	35.9%	Fully Insured
CA	Kaiser Permanente Senior Advantage Summit	1/1/2023	Medicare Advantage	\$54	16%	\$282	84%	\$336	100%		Fully Insured
CA	PERS Gold Medicare Supplement	1/1/2023	Medicare Supplement	\$111	28%	\$282	72%	\$393	100%	1.2%	Self Funded
CA	PERS Platinum Medicare Supplement	1/1/2023	Medicare Supplement	\$138	33%	\$282	67%	\$420	100%	47.1%	Self Funded
CA	Sharp Direct Advantage HMO	1/1/2023	Medicare Advantage	\$0	0%	\$250	100%	\$250	100%	0.1%	Fully Insured
CA	UnitedHealthcare Group Medicare Advantage PPO	1/1/2023	Medicare Advantage	\$18	6%	\$282	94%	\$300	100%	15.0%	Fully Insured
CA	UnitedHealthcare Group Medicare AdvantageEdge PPO	1/1/2023	Medicare Advantage	\$76	21%	\$282	79%	\$358	100%		Fully Insured
CA	Western Health Advantage MyCare Select HMO	1/1/2023	Medicare Advantage	\$49	15%	\$282	85%	\$331	100%	0.1%	Fully Insured
CO	UnitedHealthcare PPO MA1	1/1/2022	Medicare Advantage	\$37	24%	\$115	76%	\$152	100%	70.0%	Fully Insured
CO	UnitedHealthcare PPO MA2	1/1/2022	Medicare Advantage	\$0	0%	\$52	100%	\$52	100%		Fully Insured
CO	Kaiser HMO	1/1/2022	Medicare Advantage	\$55	32%	\$115	68%	\$170	100%	30.0%	Fully Insured
FL	Self-Insured PPO/HMO - Standard	1/1/2022	Medicare Coordination of Benefits	\$430	100%	\$0	0%	\$430	100%	94.3%	Self Funded
FL	Self-Insured PPO/HMO - HDHP	1/1/2022	Medicare Coordination of Benefits	\$324	100%	\$0	0%	\$324	100%		Self Funded
FL	Capital Health Plan Retiree Advantage	1/1/2022	Medicare Advantage	\$283	100%	\$0	0%	\$283	100%		Fully Insured
FL	Capital Health Plan Classic - MA-PD	1/1/2022	Medicare Advantage	\$165	100%	\$0	0%	\$165	100%	5.7%	Fully Insured
FL	Humana MA-PD	1/1/2022	Medicare Advantage	\$36	100%	\$0	0%	\$36	100%		Fully Insured
FL	UnitedHealthcare MA-PD	1/1/2022	Medicare Advantage	\$195	100%	\$0	0%	\$195	100%		Fully Insured
MI	BCBSM State Health Plan PPO - w/ Medicare Parts A&B	1/1/2022	Medicare Advantage	\$0	0%	\$471	100%	\$471	100%	--	Fully Insured
MI	Blue Care Network HMO - w/ Medicare Parts A&B	1/1/2022	Medicare Advantage	\$39	15%	\$220	85%	\$258	100%	--	Fully Insured
MI	Health Alliance Plan HMO - w/ Medicare Parts A&B	1/1/2022	Medicare Advantage	\$56	15%	\$315	85%	\$370	100%	--	Fully Insured
MI	Physicians Health Plan HMO - w/ Medicare Parts A&B	1/1/2022	Medicare Advantage	\$53	15%	\$303	85%	\$356	100%	--	Fully Insured
MI	Priority Health Plan HMO - w/ Medicare Parts A&B	1/1/2022	Medicare Advantage	\$46	15%	\$259	85%	\$305	100%	--	Fully Insured
NC	Humana Group Medicare Advantage (PPO) Base Plan (90/10)	1/1/2022	Medicare Advantage	\$0	0%	\$4	100%	\$4	100%	74.0%	Fully Insured
NC	Humana Group Medicare Advantage PPO Enhanced Plan (90/10)	1/1/2022	Medicare Advantage	\$73	100%	\$0	0%	\$73	100%	9.0%	Fully Insured
NC	70/30 PPO Plan for Medicare Retirees	1/1/2022	Medicare Maintenance of Benefits	\$0	0%	\$414	100%	\$414	100%	17.0%	Self Funded

[-- represents no data]

Exhibit 1
State of Washington - Survey of other states' Medicare Retiree Health Benefits
Retiree and Employer Contributions

State	Option	Effective Date	Medicare Plan type	Retiree Monthly		Employer Monthly		Total Monthly		Enrollment Distribution	Funding Status
				\$ Contribution	% Contribution	\$ Contribution	% Contribution	\$ Contribution	% Contribution		
NY	The Empire Plan	1/1/2022	Medicare Maintenance of Benefits	\$111	--	--	--	--	--	--	Self Funded
NY	Blue Choice	1/1/2022	Medicare Advantage	\$93	--	--	--	--	--	--	Fully Insured
NY	Capital District Physicians' Health Plan (CDPHP) (Capital)	1/1/2022	Medicare Advantage	\$98	--	--	--	--	--	--	Fully Insured
NY	Capital District Physicians' Health Plan (CDPHP) (Central)	1/1/2022	Medicare Advantage	\$95	--	--	--	--	--	--	Fully Insured
NY	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	1/1/2022	Medicare Advantage	\$162	--	--	--	--	--	--	Fully Insured
NY	EmblemHealth – HIP (Downstate)	1/1/2022	Medicare Advantage	\$233	--	--	--	--	--	--	Fully Insured
NY	EmblemHealth – HIP (Capital)	1/1/2022	Medicare Advantage	\$378	--	--	--	--	--	--	Fully Insured
NY	EmblemHealth – HIP (Hudson Valley)	1/1/2022	Medicare Advantage	\$370	--	--	--	--	--	--	Fully Insured
NY	Highmark Blue Cross Blue Shield of Western New York	1/1/2022	Medicare Advantage	\$92	--	--	--	--	--	--	Fully Insured
NY	Highmark Blue Shield of Northeastern New York	1/1/2022	Medicare Advantage	\$102	--	--	--	--	--	--	Fully Insured
NY	HMOBlue (Central New York Region)	1/1/2022	Medicare Advantage	\$101	--	--	--	--	--	--	Fully Insured
NY	HMOBlue (Utica Region)	1/1/2022	Medicare Advantage	\$102	--	--	--	--	--	--	Fully Insured
NY	Independent Health	1/1/2022	Medicare Advantage	\$86	--	--	--	--	--	--	Fully Insured
NY	MVP Health Care (Rochester)	1/1/2022	Medicare Advantage	\$94	--	--	--	--	--	--	Fully Insured
NY	MVP Health Care (East)	1/1/2022	Medicare Advantage	\$97	--	--	--	--	--	--	Fully Insured
NY	MVP Health Care (Central)	1/1/2022	Medicare Advantage	\$117	--	--	--	--	--	--	Fully Insured
NY	MVP Health Care (Mid-Hudson)	1/1/2022	Medicare Advantage	\$116	--	--	--	--	--	--	Fully Insured
NY	MVP Health Care (North)	1/1/2022	Medicare Advantage	\$117	--	--	--	--	--	--	Fully Insured
OR	Kaiser Permanente Senior Advantage	1/1/2022	Medicare Advantage	\$186	76%	\$60	24%	\$246	100%	18.1%	Fully Insured
OR	Moda Health Medicare Supplement Plan	1/1/2022	Medicare Supplement	\$277	82%	\$60	18%	\$337	100%	45.9%	Fully Insured
OR	PacificSource Medicare Essentials RX 803	1/1/2022	Medicare Advantage	\$198	77%	\$60	23%	\$258	100%	2.3%	Fully Insured
OR	Providence Medicare Align Group Plan + Rx (HMO)	1/1/2022	Medicare Advantage	\$208	78%	\$60	22%	\$268	100%	13.3%	Fully Insured
OR	Providence Medicare Flex Group Plan + Rx (HMO-POS)	1/1/2022	Medicare Advantage	\$164	73%	\$60	27%	\$224	100%	8.0%	Fully Insured
OR	UnitedHealthcare Group Medicare Advantage (PPO)	1/1/2022	Medicare Advantage	\$182	75%	\$60	25%	\$242	100%	12.5%	Fully Insured
PA	Medicare Open Access PPO	1/1/2022	Medicare Advantage	1.5% of final average monthly salary as an employee		--	--	--	--	100.0%	Fully Insured
TX	HealthSelect Medicare Advantage Plan MA PPO	1/1/2022	Medicare Advantage	\$0	0%	\$625	100%	\$625	100%	78.0%	Fully Insured
TX	HealthSelect Secondary	1/1/2022	Medicare Supplement	\$0	0%	\$625	100%	\$625	100%	22.0%	Self Funded
VA	Advantage 65 PPO	1/1/2022	Medicare Coordination of Benefits	\$284	100%	\$0	0%	\$284	100%	100.0%	Self Funded
WA	Kaiser Permanente NW Senior Advantage HMO	1/1/2023	Medicare Advantage	\$176	51%	\$171	49%	\$347	100%	1.9%	Fully Insured
WA	Kaiser Permanente WA Medicare Original HMO	1/1/2023	Medicare Coordination of Benefits	\$175	51%	\$170	49%	\$344	100%	28.8%	Fully Insured
WA	Kaiser Permanente WA Medicare Advantage HMO	1/1/2023	Medicare Advantage	\$175	51%	\$170	49%	\$344	100%		Fully Insured
WA	Premera Blue Cross Medicare Supplement Plan G	1/1/2023	Medicare Supplement	\$99	51%	\$94	49%	\$192	100%	4.0%	Fully Insured
WA	Uniform Medical Plan (UMP) Classic PPO	1/1/2023	Medicare Coordination of Benefits	\$438	71%	\$183	29%	\$621	100%	59.9%	Self Funded
WA	UnitedHealthcare PEBB Balance PPO	1/1/2023	Medicare Advantage	\$123	51%	\$118	49%	\$241	100%	0.2%	Fully Insured
WA	UnitedHealthcare PEBB Complete PPO	1/1/2023	Medicare Advantage	\$146	51%	\$141	49%	\$286	100%	5.1%	Fully Insured

Notes: [-- represents no data]

A few states maintain grandfathered plans for Medicare eligible retirees that are not offered to new retirees. These plans are excluded from this table, and are also excluded from the totals when calculating enrollment distributions.

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of California				
Option	Anthem Medicare Preferred PPO	Blue Shield Medicare PPO	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage Summit	PERS Gold Medicare Supplement
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Supplement
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum					
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$1,500	\$1,500	\$1,500	\$1,500	\$0
Medical					
PCP (exc. Well Baby, Prev., X-rays)	\$10 copay	No charge	\$10 copay	No charge	No charge
Specialist Visit			No charge		
Lab OP and Prof Services	No charge				
X-rays and Diagnostic Imaging					
Imaging (CT/PET Scans, MRIs)					
OP Facility (e.g., ASC)	\$10 copay				
Emergency Room Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	
All IP Hosp (inc. MHSA)	No charge	No charge	No charge	No charge	
Mental Health / Substance Abuse	\$10 copay		\$10 copay		
Rehabilitative Speech Therapy					
Physical Therapy / Occupational Therapy	No charge for days 1 - 100	No charge for days 1 - 100	No charge for days 1 - 100	No charge for days 1 - 100	
Skilled Nursing Facility					
Pharmacy					
Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Preferred Brand Drugs	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Non-Preferred Brand Drugs	\$50 copay	\$50 copay			\$50 copay
Specialty High-Cost Drugs		\$20 copay			
Additional Benefits					
Vision (Exam)	\$10 copay	\$10 copay	\$10 copay	No charge	\$35 copay

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of California					
Option	PERS Platinum Medicare Supplement	Sharp Direct Advantage HMO	UnitedHealthcare Group Medicare Advantage PPO	UnitedHealthcare Group Medicare Advantage Edge PPO	Western Health Advantage MyCare Select HMO	
Medicare Plan type	Medicare Supplement	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	
Deductible/Out of Pocket Maximum						
Medical Deductible	\$0	\$0	\$0	\$0	\$0	
Rx Deductible	\$0	\$0	\$0	\$0	\$0	
Out of Pocket Maximum (includes Deductible)	\$3,000	\$1,500	\$1,500	\$0	\$1,500	
Medical						
PCP (exc. Well Baby, Prev., X-rays)	No charge	No charge	\$10 copay	No charge	No charge	
Specialist Visit			No charge			No charge
Lab OP and Prof Services						
X-rays and Diagnostic Imaging						
Imaging (CT/PET Scans, MRIs)		\$50 copay	\$50 copay			
OP Facility (e.g., ASC)						
Emergency Room Services		No charge	No charge			\$50 copay
All IP Hosp (inc. MHSA)			No charge			\$10 copay
Mental Health / Substance Abuse						
Rehabilitative Speech Therapy						
Physical Therapy / Occupational Therapy						
Skilled Nursing Facility	No charge for days 1 - 100 20% coins for days 101 - 365	No charge for days 1 - 100	No charge for days 1 - 100	No charge for days 1 - 100		
Pharmacy						
Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	
Preferred Brand Drugs	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	
Non-Preferred Brand Drugs	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	
Specialty High-Cost Drugs		\$20 copay	\$20 copay			
Additional Benefits						
Vision (Exam)	\$35 copay	\$10 copay	\$10 copay	No charge	No charge	

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Colorado			State of Florida			
Option	UnitedHealthcare PPO MA1	UnitedHealthcare PPO MA2	Kaiser HMO	Self-Insured PPO/HMO - Standard	Self-Insured PPO/HMO - HDHP		
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Coordination of Benefits	Medicare Coordination of Benefits		
Effective Date	1/1/2022	1/1/2022	1/1/2022	12/1/2022	12/1/2022		
Deductible/Out of Pocket Maximum							
Medical Deductible	\$0	\$0	\$0	COB	COB		
Rx Deductible	\$0	\$0	\$0	COB	COB		
Out of Pocket Maximum (includes Deductible)	\$2,000	\$6,000	\$4,700	COB	COB		
Medical							
PCP (exc. Well Baby, Prev., X-rays)	No charge	\$20 copay	\$15 copay	COB	COB		
Specialist Visit		\$30 copay	\$30 copay				
Lab OP and Prof Services		No charge	No charge				
X-rays and Diagnostic Imaging		\$20 copay					
Imaging (CT/PET Scans, MRIs)		\$100 copay	\$100 copay				
OP Facility (e.g., ASC)		\$200 copay	\$200 copay				
Emergency Room Services	\$50 copay	\$65 copay	\$75 copay				
All IP Hosp (inc. MHSA)	\$300 copay per admit	\$500 copay per admit	\$250 copay per day (max \$500)				
Mental Health / Substance Abuse	No charge*	\$20 copay*	\$15 copay*				
Rehabilitative Speech Therapy	No charge	\$20 copay	\$15 copay				
Physical Therapy / Occupational Therapy	No charge	\$20 copay	\$15 copay				
Skilled Nursing Facility	No charge for days 1-20 \$65 copay for days 21 - 50 No charge for days 51 - 100	No charge for days 1-20 \$75 copay for days 21 - 100	No charge for days 1-20 \$75 copay for days 21 - 100				
Pharmacy							
Generics	\$15 copay	\$15 copay	\$5 copay	COB	COB		
Preferred Brand Drugs	\$45 copay	\$45 copay	\$40 copay				
Non-Preferred Brand Drugs	\$60 copay	\$60 copay	\$60 copay				
Specialty High-Cost Drugs	\$75 copay	\$75 copay	\$75 copay				
Additional Benefits							
Vision (Exam)	No charge	No charge	\$15 copay	COB	COB		

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Florida			
Option	Capital Health Plan Retiree Advantage	Capital Health Plan Classic - MA-PD	Humana MA-PD	UnitedHealthcare MA-PD
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	12/1/2022	12/1/2022	12/1/2022	12/1/2022
Deductible/Out of Pocket Maximum				
Medical Deductible	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$1,500	\$2,500	\$1,000	\$500
Medical				
PCP (exc. Well Baby, Prev., X-rays)	\$20 copay	\$20 copay	\$0 copay	\$5 copay
Specialist Visit	\$40 copay	\$40 copay	\$10 copay	\$10 copay
Lab OP and Prof Services	No charge	No charge	\$0 - \$10 copay	\$5 copay
X-rays and Diagnostic Imaging				\$10 copay
Imaging (CT/PET Scans, MRIs)				No charge
OP Facility (e.g., ASC)				
Emergency Room Services	\$100 copay	\$100 copay	\$65 copay	\$65 copay
All IP Hosp (inc. MHSA)	\$250 copay per admit	\$250 copay per admit	\$100 copay per admit	\$100 copay per admit
Mental Health / Substance Abuse	\$20 copay	\$20 copay	\$0 - \$10 copay	\$10 copay
Rehabilitative Speech Therapy	No charge	No charge		\$5 copay
Physical Therapy / Occupational Therapy				
Skilled Nursing Facility	No charge for days 1 - 60	No charge for days 1 - 100	No charge	No charge for days 1 - 20 days \$25 copay for days 21 - 40 No charge for days 41 - 100
Pharmacy				
Generics	\$7 copay	\$7 copay	\$7 copay	\$7 copay
Preferred Brand Drugs	\$7 copay	\$7 copay	\$30 copay	\$30 copay
Non-Preferred Brand Drugs	\$30 copay	\$30 copay	\$50 copay	\$50 copay
Specialty High-Cost Drugs	\$50 copay	\$50 copay		
Additional Benefits				
Vision (Exam)	\$40 copay	\$40 copay	Not covered	Not covered

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Michigan				
Option	BCBSM State Health Plan PPO - w/ Medicare Parts A&B	Blue Care Network HMO - w/ Medicare Parts A&B	Health Alliance Plan HMO - w/ Medicare Parts A&B	Physicians Health Plan HMO - w/ Medicare Parts A&B	Priority Health Plan HMO - w/ Medicare Parts A&B
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
Deductible/Out of Pocket Maximum					
Medical Deductible	\$400	\$125	\$125	\$125	\$125
Rx Deductible	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$2,000	\$500	\$500	\$500	\$500
Medical					
PCP (exc. Well Baby, Prev., X-rays)	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Specialist Visit		\$20 copay after deductible			
Lab OP and Prof Services	2% after deductible	No charge	No charge	No charge	No charge
X-rays and Diagnostic Imaging		No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Imaging (CT/PET Scans, MRIs)					
OP Facility (e.g., ASC)					
Emergency Room Services	\$50 copay	\$65 after deductible	\$65 copay	\$65 copay	\$65 copay
All IP Hosp (inc. MHSA)	2% after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Mental Health / Substance Abuse	2% coins	No charge	\$20 copay	\$20 copay	\$20 copay
Rehabilitative Speech Therapy	2% after deductible	\$20 copay after deductible			
Physical Therapy / Occupational Therapy					
Skilled Nursing Facility	No charge for days 1-20 2% after deductible for days 21 - 100	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Pharmacy					
Generics	\$10 copay	\$2 copay	\$10 copay	\$10 copay	\$10 copay
Preferred Brand Drugs	\$30 copay	\$25 copay	\$30 copay	\$30 copay	\$30 copay
Non-Preferred Brand Drugs	\$60 copay	\$50 copay	\$60 copay	\$60 copay	\$60 copay
Specialty High-Cost Drugs					
Additional Benefits					
Vision (Exam)	\$20 copay	Not covered	\$20 copay	Not covered	\$20 copay

* Assumed PCP cost sharing
[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of North Carolina		
Option	Humana Group Medicare Advantage (PPO) Base Plan (90/10)	Humana Group Medicare Advantage PPO Enhanced Plan (90/10)	70/30 PPO Plan for Medicare Retirees
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Maintenance of Benefits
Effective Date	1/1/2022	1/1/2022	1/1/2022
Deductible/Out of Pocket Maximum			
Medical Deductible	\$0	\$0	\$1,500
Rx Deductible	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$4,000	\$3,300	\$5,900
Medical			
PCP (exc. Well Baby, Prev., X-rays)	\$20 copay	\$10 copay	No charge
Specialist Visit	\$40 copay	\$35 copay	\$47 copay
Lab OP and Prof Services	\$40 copay	\$10 copay	30% after deductible
X-rays and Diagnostic Imaging	\$50 copay	\$40 copay	
Imaging (CT/PET Scans, MRIs)	\$100 copay	\$100 copay	
OP Facility (e.g., ASC)	\$250 copay	\$250 copay	
Emergency Room Services	\$65 copay	\$65 copay	\$337 copay + 30% after deductible
All IP Hosp (inc. MHSA)	\$160 copay per day (max \$1600)	\$125 copay per day (max \$1250)	\$337 copay per admit + 30% after deductible
Mental Health / Substance Abuse	\$20 to \$50 copay	\$10 to \$40 copay	No charge
Rehabilitative Speech Therapy	\$20 copay	\$20 copay	\$36 copay
Physical Therapy / Occupational Therapy			
Skilled Nursing Facility	No charge for days 1-20 \$50 copay for days 21 - 100	No charge for days 1-20 \$50 copay for days 21 - 100	30% after deductible
Pharmacy			
Generics	\$10 copay	\$10 copay	\$16 copay
Preferred Brand Drugs	\$40 copay	\$40 copay	\$47 copay
Non-Preferred Brand Drugs	\$64 copay	\$50 copay	30% after deductible
Specialty High-Cost Drugs	25% coins (max \$100)	25% coins (max \$100)	
Additional Benefits			
Vision (Exam)	\$40 copay	\$35 copay	Not covered

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of New York				
Option	The Empire Plan	Blue Choice	Capital District Physicians' Health Plan (CDPHP) (Capital)	Capital District Physicians' Health Plan (CDPHP) (Central)	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)
Medicare Plan type	Medicare Maintenance of Benefits	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	12/1/2021	12/1/2021	12/1/2021	12/1/2021	12/1/2021
Deductible/Out of Pocket Maximum					
Medical Deductible	COB	\$0	\$0	\$0	\$0
Rx Deductible	COB	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	COB	\$3,400	\$2,500	\$2,500	\$2,500
Medical					
PCP (exc. Well Baby, Prev., X-rays)	COB	\$5 copay	\$15 copay	\$15 copay	\$15 copay
Specialist Visit		\$20 copay	\$20 copay	\$20 copay	\$20 copay
Lab OP and Prof Services		No charge			
X-rays and Diagnostic Imaging		\$20 copay	\$40 copay	\$40 copay	\$40 copay
Imaging (CT/PET Scans, MRIs)		\$50 copay			
OP Facility (e.g., ASC)		\$50 copay	\$75 copay	\$75 copay	\$75 copay
Emergency Room Services		\$50 copay			
All IP Hosp (inc. MHSA)		No charge	No charge	No charge	No charge
Mental Health / Substance Abuse		20% after deductible	\$20 copay	\$20 copay	\$20 copay
Rehabilitative Speech Therapy		\$20 copay			
Physical Therapy / Occupational Therapy					
Skilled Nursing Facility			No charge for days 1 - 20 \$25 copay for days 21 - 100	No charge for days 1 - 100	No charge for days 1 - 100
Pharmacy					
Generics	COB	\$10 copay	No charge	No charge	No charge
Preferred Brand Drugs		\$25 copay	\$10 copay	\$10 copay	\$10 copay
Non-Preferred Brand Drugs		\$40 copay	\$30 copay	\$30 copay	\$30 copay
Specialty High-Cost Drugs		\$50 copay	\$50 copay	\$50 copay	\$50 copay
Additional Benefits					
Vision (Exam)	COB	\$20 copay	\$20 copay	\$20 copay	\$20 copay

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of New York				
Option	EmblemHealth – HIP (Downstate)	EmblemHealth – HIP (Capital)	EmblemHealth – HIP (Hudson Valley)	Highmark Blue Cross Blue Shield of Western New York	Highmark Blue Shield of Northeastern New York
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	12/1/2021	12/1/2021	12/1/2021	12/1/2021	12/1/2021
Deductible/Out of Pocket Maximum					
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	--	--	--	--	--
Medical					
PCP (exc. Well Baby, Prev., X-rays)	No charge	No charge	No charge	\$10 copay	\$10 copay
Specialist Visit	\$5 copay	\$5 copay	\$5 copay	\$30 copay	\$30 copay
Lab OP and Prof Services	No charge	No charge	No charge	No charge	No charge
X-rays and Diagnostic Imaging				\$30 copay	\$30 copay
Imaging (CT/PET Scans, MRIs)				\$75 copay	\$75 copay
OP Facility (e.g., ASC)				\$65 copay	\$65 copay
Emergency Room Services	\$25 copay	\$25 copay	\$25 copay	\$65 copay	\$65 copay
All IP Hosp (inc. MHSA)	No charge	No charge	No charge	No charge	No charge
Mental Health / Substance Abuse	\$5 copay	\$5 copay	\$5 copay	\$40 copay	\$40 copay
Rehabilitative Speech Therapy				\$20 copay	\$20 copay
Physical Therapy / Occupational Therapy					
Skilled Nursing Facility	No charge for days 1 - 100	No charge for days 1 - 100	No charge for days 1 - 100	No charge for days 1 - 100	No charge for days 1 - 100
Pharmacy					
Generics	No charge	No charge	No charge	No charge	No charge
Preferred Brand Drugs				\$15 copay	\$15 copay
Non-Preferred Brand Drugs				\$30 copay	\$30 copay
Specialty High-Cost Drugs				\$45 copay	\$45 copay
Additional Benefits					
Vision (Exam)	\$5 copay	\$5 copay	\$5 copay	No charge	No charge

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of New York				
Option	HMOBlue (Central New York Region)	HMOBlue (Utica Region)	Independent Health	MVP Health Care (Rochester)	MVP Health Care (East)
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	12/1/2021	12/1/2021	12/1/2021	12/1/2021	12/1/2021
Deductible/Out of Pocket Maximum					
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	--	--	--	--	--
Medical					
PCP (exc. Well Baby, Prev., X-rays)	\$5 copay	\$5 copay	\$20 copay	\$10 copay	\$10 copay
Specialist Visit	\$20 copay	\$20 copay		\$15 copay	\$15 copay
Lab OP and Prof Services	No charge	No charge	No charge	No charge	No charge
X-rays and Diagnostic Imaging	\$20 copay	\$20 copay	\$20 copay	\$15 copay	\$15 copay
Imaging (CT/PET Scans, MRIs)					
OP Facility (e.g., ASC)	\$50 copay	\$50 copay	\$75 copay	No charge	No charge
Emergency Room Services	\$50 copay	\$50 copay	\$65 copay	\$65 copay	\$65 copay
All IP Hosp (inc. MHSA)	No charge	No charge	No charge	No charge	No charge
Mental Health / Substance Abuse	20% coins	20% coins	\$40 copay	\$15 copay	\$15 copay
Rehabilitative Speech Therapy	\$20 copay	\$20 copay	\$20 copay		
Physical Therapy / Occupational Therapy					
Skilled Nursing Facility	No charge for days 1 - 20 \$25 copay for days 21 - 100	No charge for days 1 - 20 \$25 copay for days 21 - 100	No charge for days 1 - 100	No charge for days 1 - 20 \$135 copay for days 21 - 100	No charge for days 1 - 20 \$135 copay for days 21 - 100
Pharmacy					
Generics	\$10 copay	\$10 copay	No charge	No charge	No charge
Preferred Brand Drugs	\$25 copay	\$25 copay	\$15 copay	\$10 copay	\$10 copay
Non-Preferred Brand Drugs	\$40 copay	\$40 copay	\$30 copay	\$30 copay	\$30 copay
Specialty High-Cost Drugs			\$50 copay	\$60 copay	\$60 copay
Additional Benefits					
Vision (Exam)	\$20 copay	\$20 copay	No charge	\$15 copay	\$15 copay

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of New York		
Option	MVP Health Care (Central)	MVP Health Care (Mid-Hudson)	MVP Health Care (North)
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	12/1/2021	12/1/2021	12/1/2021
Deductible/Out of Pocket Maximum			
Medical Deductible	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	--	--	--
Medical			
PCP (exc. Well Baby, Prev., X-rays)	\$10 copay	\$10 copay	\$10 copay
Specialist Visit	\$15 copay	\$15 copay	\$15 copay
Lab OP and Prof Services	No charge	No charge	No charge
X-rays and Diagnostic Imaging	\$15 copay	\$15 copay	\$15 copay
Imaging (CT/PET Scans, MRIs)			
OP Facility (e.g., ASC)	No charge	No charge	No charge
Emergency Room Services	\$65 copay	\$65 copay	\$65 copay
All IP Hosp (inc. MHSA)	No charge	No charge	No charge
Mental Health / Substance Abuse			
Rehabilitative Speech Therapy	\$15 copay	\$15 copay	\$15 copay
Physical Therapy / Occupational Therapy			
Skilled Nursing Facility	No charge for days 1 - 20 \$135 copay for days 21 - 100	No charge for days 1 - 20 \$135 copay for days 21 - 100	No charge for days 1 - 20 \$135 copay for days 21 - 100
Pharmacy			
Generics	No charge	No charge	No charge
Preferred Brand Drugs	\$10 copay	\$10 copay	\$10 copay
Non-Preferred Brand Drugs	\$30 copay	\$30 copay	\$30 copay
Specialty High-Cost Drugs	\$60 copay	\$60 copay	\$60 copay
Additional Benefits			
Vision (Exam)	\$15 copay	\$15 copay	\$15 copay

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Oregon					
Option	Kaiser Permanente Senior Advantage	Moda Health Medicare Supplement Plan	PacificSource Medicare Essentials RX 803	Providence Medicare Align Group Plan + Rx (HMO)	Providence Medicare Flex Group Plan + Rx (HMO-POS)	UnitedHealthcare Group Medicare Advantage (PPO)
Medicare Plan type	Medicare Advantage	Medicare Supplement	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum						
Medical Deductible	\$0	\$203	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$1,000	None	\$3,400	\$1,500	\$3,000	\$2,500
Medical						
PCP (exc. Well Baby, Prev., X-rays)	\$15 copay	No charge after deductible	\$15 copay	\$15 copay	\$20 copay	\$15 copay
Specialist Visit			\$20 copay	\$20 copay	\$25 copay	\$20 copay
Lab OP and Prof Services	No charge		No charge	No charge	No charge	No charge
X-rays and Diagnostic Imaging			10% coins	10% coins	10% coins	10% coins
Imaging (CT/PET Scans, MRIs)			\$125 copay	\$75 copay	\$150 copay	\$125 copay
OP Facility (e.g., ASC)			\$50 copay	\$50 copay	\$65 copay	\$65 copay
Emergency Room Services	\$50 copay					
All IP Hosp (inc. MHSA)	\$200 copay per admit	No charge	\$125 copay per day (max \$500)	\$100 copay per day (max \$500)	\$125 copay per day (max \$500)	\$100 copay per day (max \$300)
Mental Health / Substance Abuse	\$15 copay*	No charge after deductible*	\$15 copay*	\$15 copay*	\$20 copay*	\$15 copay*
Rehabilitative Speech Therapy	No charge	No charge after deductible	\$20 copay	\$20 copay	\$25 copay	\$20 copay
Physical Therapy / Occupational Therapy						
Skilled Nursing Facility		No charge for days 1 - 100	No charge	No charge	No charge for days 1 - 20 \$50 copay for days 21 - 100	No charge for days 1 - 100
Pharmacy						
Generics	max \$8 copay	max \$8 copay	max \$8 copay	max \$8 copay	max \$8 copay	max \$8 copay
Preferred Brand Drugs	max \$15 copay	max \$15 copay	max \$15 copay	max \$15 copay	max \$15 copay	max \$15 copay
Non-Preferred Brand Drugs	40% coins (max \$250)	40% coins (max \$250)	40% coins (max \$250)	40% coins (max \$250)	40% coins (max \$250)	40% coins (max \$250)
Specialty High-Cost Drugs						
Additional Benefits						
Vision (Exam)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Pennsylvania	State of Texas		State of Virginia	
Option	Medicare Open Access PPO	HealthSelect Medicare Advantage Plan MA PPO	HealthSelect Secondary	Advantage 65 PPO	
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Supplement	Medicare Coordination of Benefits	
Effective Date	1/1/2022	1/1/2022	1/1/2022	1/1/2022	
Deductible/Out of Pocket Maximum					
Medical Deductible	Medicare Part B deductible	\$0	\$200	Medicare Part B deductible	
Rx Deductible	\$0	\$50	\$50	\$480	
Out of Pocket Maximum (includes Deductible)	\$2,500	\$1,000	\$6,750	--	
Medical					
PCP (exc. Well Baby, Prev., X-rays)	\$20 copay after deductible	No charge	30% after deductible	No charge after Medicare Part B deductible	
Specialist Visit	\$30 copay after deductible				
Lab OP and Prof Services	No charge				
X-rays and Diagnostic Imaging	No charge after deductible				
Imaging (CT/PET Scans, MRIs)					
OP Facility (e.g., ASC)					
Emergency Room Services	\$100 copay				
All IP Hosp (inc. MHSA)	No charge after deductible				No charge after \$100 deductible
Mental Health / Substance Abuse	\$20 copay after deductible				No charge after Medicare Part B deductible
Rehabilitative Speech Therapy					
Physical Therapy / Occupational Therapy					
Skilled Nursing Facility	No charge after deductible for days 1 - 100	No charge for days 1 - 100	No charge	No charge for days 1-180	
Pharmacy					
Generics	\$12 copay	\$10 copay	\$10 copay	\$7 copay	
Preferred Brand Drugs	\$30 copay	\$35 copay	\$35 copay	\$25 copay after deductible	
Non-Preferred Brand Drugs	\$60 copay	\$60 copay	\$60 copay	75% after deductible	
Specialty High-Cost Drugs				25% after deductible	
Additional Benefits					
Vision (Exam)	No charge	No charge	30% after deductible	Not covered	

* Assumed PCP cost sharing
 [-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Washington								
Option	Kaiser Permanente NW Senior Advantage HMO	Kaiser Permanente WA Medicare Original HMO	Kaiser Permanente WA Medicare Advantage HMO	Premera Blue Cross Medicare Supplement Plan G	Uniform Medical Plan (UMP) Classic PPO	UnitedHealthcare PEBB Balance PPO	UnitedHealthcare PEBB Complete PPO		
Medicare Plan type	Medicare Advantage	Medicare Coordination of Benefits	Medicare Advantage	Medicare Supplement	Medicare Coordination of Benefits	Medicare Advantage	Medicare Advantage		
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023		
Deductible/Out of Pocket Maximum									
Medical Deductible	\$0	\$250	\$0	\$233	\$250	\$0	\$0		
Rx Deductible	\$0		\$0	N/A	\$100	\$100	\$100		
Out of Pocket Maximum (includes Deductible)	\$1,500	\$2,000	\$2,500	\$233	\$2,500	\$2,000	\$500		
Medical									
PCP (exc. Well Baby, Prev., X-rays)	\$25 copay	\$15 copay after deductible	\$15 copay	No charge after deductible	15% after deductible	\$15 copay	No charge		
Specialist Visit	\$35 copay	\$30 copay after deductible	\$30 copay			\$30 copay			
Lab OP and Prof Services	No charge	No charge after deductible	No charge			\$15 copay			
X-rays and Diagnostic Imaging		\$30 copay after deductible				\$30 copay			
Imaging (CT/PET Scans, MRIs)		\$150 copay after deductible				\$200 copay		\$250 copay	
OP Facility (e.g., ASC)	\$50 copay	\$250 copay after deductible	\$65 copay			\$75 copay + 15% after deductible		\$65 copay	\$65 copay
Emergency Room Services		\$500 copay per admit	\$150 copay per day (max \$750) after deductible			\$200 copay per day (max \$1000)		No charge	\$200 copay per day (max \$600)
All IP Hosp (inc. MHSA)	\$25 copay	\$15 copay after deductible	\$15 copay	No charge after deductible	15% after deductible	\$30 copay	No charge		
Mental Health / Substance Abuse	\$35 copay	\$30 copay after deductible	\$30 copay			\$15 copay			
Rehabilitative Speech Therapy									
Physical Therapy / Occupational Therapy									
Skilled Nursing Facility	No charge	\$150 copay (max \$750) after deductible	No charge for days 1-100	No charge	\$200 copay (max \$600)	No charge			
Pharmacy									
Generics	\$20 copay	\$20 copay after deductible	\$20 copay	Not covered	10% coins (max \$25)	\$5 copay	\$5 copay		
Preferred Brand Drugs	\$40 copay	\$40 copay after deductible	\$40 copay		\$45 copay after deductible	\$45 copay after deductible			
Non-Preferred Brand Drugs	50% coins (max \$200)	50% after deductible (max \$250)	50% coins (max \$250)		30% after deductible (max \$75)	\$100 copay after deductible	\$100 copay after deductible		
Specialty High-Cost Drugs									
Additional Benefits									
Vision (Exam)	\$35 copay	\$15 copay after deductible	\$15 copay	Not covered	Not covered	\$30 copay	No charge		

* Assumed PCP cost sharing
 [-- represents no data]

Phase 2: 39 State Study

Exhibits 1 and 2

Exhibit 1
State of Washington - Survey of other states' Medicare Retiree Health Benefits
Retiree and Employer Contributions

State	Option	Effective Date	Medicare Plan type	Retiree Monthly		Employer Monthly		Total Monthly		Funding Status
				\$ Contribution	% Contribution	\$ Contribution	% Contribution	\$ Contribution	% Contribution	
AK	AlaskaCare DCR Aetna	1/1/2023	Medicare Carve-Out Plan	\$32	10%	\$289	90%	\$321	100%	Self Funded
AL	UHC MA PPO	1/1/2023	Medicare Advantage	\$75	100%	\$0	0%	\$75	100%	Fully Insured
AR	UHC MAPD PPO	1/1/2023	Medicare Advantage	\$17	10%	\$149	90%	\$165	100%	Fully Insured
AZ	MA UHC HMO	1/1/2023	Medicare Advantage	\$0	0%	\$64	100%	\$64	100%	Fully Insured
AZ	MA UHC PPO	1/1/2023	Medicare Advantage	\$3	3%	\$100	97%	\$103	100%	Fully Insured
CT	Aetna Medicare PPO	1/1/2023	Medicare Advantage	\$0	0%	\$165	100%	\$165	100%	Fully Insured
DE	Highmark Delaware Special Medicfill	1/1/2023	Medicare Supplement	\$23	5%	\$436	95%	\$459	100%	Self Funded
GA	Anthem Medicare Advantage PPO Standard	1/1/2023	Medicare Advantage	\$146	--	--	--	--	--	Fully Insured
GA	Anthem Medicare Advantage PPO Premium	1/1/2023	Medicare Advantage	\$299	--	--	--	--	--	Fully Insured
GA	UnitedHealthcare Medicare Advantage PPO Standard	1/1/2023	Medicare Advantage	\$0	--	--	--	--	--	Fully Insured
GA	UnitedHealthcare Medicare Advantage PPO Premium	1/1/2023	Medicare Advantage	\$148	--	--	--	--	--	Fully Insured
HI	HMSA 90/10 PPO Plan	1/1/2023	Medicare Supplement	\$0	0%	\$473	100%	\$473	100%	Self Funded
HI	Humana Medicare Advantage Plan	1/1/2023	Medicare Advantage	\$0	0%	\$283	100%	\$283	100%	Fully Insured
HI	Kaiser Permanente Senior Advantage Plan	1/1/2023	Medicare Advantage	\$0	0%	\$441	100%	\$441	100%	Fully Insured
IA	Iowa Choice	1/1/2023	Medicare Carve-Out Plan	\$530	100%	\$0	0%	\$530	100%	Self Funded
IA	National Choice	1/1/2023	Medicare Carve-Out Plan	\$572	100%	\$0	0%	\$572	100%	Self Funded
IA	Group Program F	1/1/2023	Medicare Supplement	\$382	100%	\$0	0%	\$382	100%	Self Funded
IA	Group Program N	1/1/2023	Medicare Supplement	\$287	100%	\$0	0%	\$287	100%	Self Funded
ID	NO POST 65 PLAN									
IL	Aetna MAPD PPO	1/1/2023	Medicare Advantage	\$0	0%	\$8	100%	\$8	100%	Fully Insured
IN	NO POST 65 PLAN									
KS	Freedom PPO	1/1/2023	Medicare Advantage	\$104	100%	\$0	0%	\$104	100%	Fully Insured
KS	Elite PPO	1/1/2023	Medicare Advantage	\$192	100%	\$0	0%	\$192	100%	Fully Insured
KS	Senior Plan G with SilverScript Premier Part D	1/1/2023	Medicare Supplement	\$411	100%	\$0	0%	\$411	100%	Self Funded
KS	Senior Plan G with SilverScript Economy Part D	1/1/2023	Medicare Supplement	\$289	100%	\$0	0%	\$289	100%	Self Funded
KS	Senior Plan G Select with SilverScript Premier Part D	1/1/2023	Medicare Supplement	\$345	100%	\$0	0%	\$345	100%	Self Funded
KS	Senior Plan G Select with SilverScript Economy Part D	1/1/2023	Medicare Supplement	\$222	100%	\$0	0%	\$222	100%	Self Funded
KS	Senior Plan N with SilverScript Premier Part D	1/1/2023	Medicare Supplement	\$355	100%	\$0	0%	\$355	100%	Self Funded
KS	Senior Plan N with SilverScript Economy Part D	1/1/2023	Medicare Supplement	\$233	100%	\$0	0%	\$233	100%	Self Funded
KY	Humana MA Premium PPO	1/1/2023	Medicare Advantage	\$40	16%	\$213	84%	\$253	100%	Fully Insured
KY	Humana MA Essential PPO	1/1/2023	Medicare Advantage	\$0	0%	\$76	100%	\$76	100%	Fully Insured
LA	Blue Advantage HMO MA (Region 1)	1/1/2023	Medicare Advantage	\$39	25%	\$118	75%	\$157	100%	Fully Insured
LA	Blue Advantage HMO MA (Region 2)	1/1/2023	Medicare Advantage	\$50	25%	\$150	75%	\$200	100%	Fully Insured
LA	Blue Advantage HMO MA (Region 3, 4)	1/1/2023	Medicare Advantage	\$45	25%	\$135	75%	\$180	100%	Fully Insured
LA	Blue Advantage HMO MA (Region 5)	1/1/2023	Medicare Advantage	\$53	25%	\$158	75%	\$210	100%	Fully Insured
LA	Blue Advantage HMO MA (Region 6, 7, 8)	1/1/2023	Medicare Advantage	\$64	25%	\$191	75%	\$255	100%	Fully Insured
LA	Blue Advantage HMO MA (Region 9)	1/1/2023	Medicare Advantage	\$49	25%	\$146	75%	\$195	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 1)	1/1/2023	Medicare Advantage	\$4	25%	\$13	75%	\$18	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 2)	1/1/2023	Medicare Advantage	\$41	25%	\$121	75%	\$162	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 3)	1/1/2023	Medicare Advantage	\$32	25%	\$95	75%	\$127	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 4)	1/1/2023	Medicare Advantage	\$37	25%	\$112	75%	\$149	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 5)	1/1/2023	Medicare Advantage	\$36	25%	\$107	75%	\$142	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 6)	1/1/2023	Medicare Advantage	\$50	25%	\$150	75%	\$200	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 7)	1/1/2023	Medicare Advantage	\$52	25%	\$155	75%	\$207	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 8)	1/1/2023	Medicare Advantage	\$49	25%	\$147	75%	\$196	100%	Fully Insured
LA	Humana Medicare Employer HMO MA (Region 9)	1/1/2023	Medicare Advantage	\$49	25%	\$146	75%	\$194	100%	Fully Insured
LA	Peoples Health HMO-POS MA	1/1/2023	Medicare Advantage	\$40	25%	\$120	75%	\$160	100%	Fully Insured
LA	Vantage Premium HMO-POS MA	1/1/2023	Medicare Advantage	\$47	25%	\$140	75%	\$187	100%	Fully Insured
LA	Vantage Standard HMO-POS MA	1/1/2023	Medicare Advantage	\$38	25%	\$114	75%	\$152	100%	Fully Insured
LA	Vantage Basic HMO-POS MA	1/1/2023	Medicare Advantage	\$18	25%	\$54	75%	\$72	100%	Fully Insured

[-- represents no data]

Exhibit 1
State of Washington - Survey of other states' Medicare Retiree Health Benefits
Retiree and Employer Contributions

State	Option	Effective Date	Medicare Plan type	Retiree Monthly		Employer Monthly		Total Monthly		Funding Status
				\$ Contribution	% Contribution	\$ Contribution	% Contribution	\$ Contribution	% Contribution	
MA	Tufts Health Plan Medicare Preferred	7/1/2022	Medicare Advantage	\$69	20%	\$276	80%	\$344	100%	Fully Insured
MA	Tufts Health Plan Medicare Complement	7/1/2022	Medicare Supplement	\$81	20%	\$324	80%	\$405	100%	Fully Insured
MA	Harvard Pilgrim Medicare Enhance	7/1/2022	Medicare Supplement	\$85	20%	\$338	80%	\$423	100%	Fully Insured
MA	Health New England Medicare Supplement Plus	7/1/2022	Medicare Supplement	\$86	20%	\$343	80%	\$429	100%	Fully Insured
MA	UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC	7/1/2022	Medicare Supplement	\$91	23%	\$309	77%	\$401	100%	Self Funded
MA	UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC	7/1/2022	Medicare Supplement	\$80	20%	\$321	80%	\$401	100%	Self Funded
MD	Carefirst BlueCross BlueShield PPO + CVS Caremark	1/1/2023	Medicare Maintenance of Benefits	\$104	20%	\$414	80%	\$518	100%	Self Funded
MD	Carefirst BlueCross BlueShield EPO + CVS Caremark	1/1/2023	Medicare Maintenance of Benefits	\$84	20%	\$334	80%	\$418	100%	Self Funded
MD	UnitedHealthcare PPO + CVS Caremark	1/1/2023	Medicare Maintenance of Benefits	\$103	20%	\$411	80%	\$513	100%	Self Funded
MD	UnitedHealthcare EPO + CVS Caremark	1/1/2023	Medicare Maintenance of Benefits	\$97	20%	\$388	80%	\$485	100%	Self Funded
ME	Aetna PPO MA	1/1/2023	Medicare Advantage	\$0	0%	\$237	100%	\$237	100%	Fully Insured
MN	BlueCross BlueShield Medicare Coordinated Plan	1/1/2023	Medicare Supplement	\$355	100%	\$0	0%	\$355	100%	Self Funded
MN	HealthPartners Retiree National Choice	1/1/2023	Medicare Supplement	\$326	100%	\$0	0%	\$326	100%	Self Funded
MN	PreferredOne UCare Medicare Group	1/1/2023	Medicare Supplement	\$350	100%	\$0	0%	\$350	100%	Self Funded
MO	UHC Group Medicare Advantage	1/1/2023	Medicare Advantage	\$75	36%	\$134	64%	\$209	100%	Fully Insured
MS	State Health Plan Select COB no Rx	1/1/2023	Medicare Coordination of Benefits	\$213	100%	\$0	0%	\$213	100%	Self Funded
MT	State Medical Plan Medicare COB	1/1/2023	Medicare Coordination of Benefits	\$484	100%	\$0	0%	\$484	100%	Self Funded
ND	Dakota Retiree Plan Medicare Supplement	1/1/2023	Medicare Supplement	\$288	100%	\$0	0%	\$288	100%	Fully Insured
NE	NO POST 65 PLAN									
NH	Aetna Medicare PPO	1/1/2023	Medicare Advantage	\$20	10%	\$183	90%	\$204	100%	Fully Insured
NJ	Medicare Advantage PPO ESA 10	1/1/2023	Medicare Advantage	Retirees pay a portion of the plan cost based on a percentage of the retiree's state retirement allowance				\$364	100%	Fully Insured
NJ	Medicare Advantage PPO ESA 15	1/1/2023	Medicare Advantage					\$346	100%	Fully Insured
NJ	Medicare Advantage Open Access HMO	1/1/2023	Medicare Advantage					\$465	100%	Fully Insured
NJ	Medicare Advantage Open Access HMO 1525	1/1/2023	Medicare Advantage					\$399	100%	Fully Insured
NJ	NJ DIRECT1525	1/1/2023	Medicare Supplement					\$501	100%	Fully Insured
NJ	NJ DIRECT2030	1/1/2023	Medicare Supplement					\$487	100%	Fully Insured
NJ	Horizon HMO	1/1/2023	Medicare Supplement					\$660	100%	Fully Insured
NJ	Horizon HMO1525	1/1/2023	Medicare Supplement					\$618	100%	Fully Insured
NJ	Horizon HMO2030	1/1/2023	Medicare Supplement					\$602	100%	Fully Insured
NM	BCBSNM Medicare Supplement	1/1/2023	Medicare Supplement					\$241	50%	\$241
NM	UHC Medicare Advantage I	1/1/2023	Medicare Advantage	\$23	50%	\$23	50%	\$45	100%	Fully Insured
NM	UHC Medicare Advantage II	1/1/2023	Medicare Advantage	\$0	--	\$0	--	\$0	--	Fully Insured
NM	Humana Medicare Advantage I	1/1/2023	Medicare Advantage	\$29	50%	\$29	50%	\$58	100%	Fully Insured
NM	Humana Medicare Advantage II	1/1/2023	Medicare Advantage	\$6	50%	\$6	50%	\$12	100%	Fully Insured
NM	BCBS Medicare Advantage I	1/1/2023	Medicare Advantage	\$62	50%	\$62	50%	\$124	100%	Fully Insured
NM	BCBS Medicare Advantage II	1/1/2023	Medicare Advantage	\$48	50%	\$48	50%	\$97	100%	Fully Insured
NM	Presbyterian Medicare Advantage I	1/1/2023	Medicare Advantage	\$42	50%	\$42	50%	\$83	100%	Fully Insured
NM	Presbyterian Medicare Advantage II	1/1/2023	Medicare Advantage	\$17	50%	\$17	50%	\$33	100%	Fully Insured
NV	NO POST 65 PLAN	Through an HRA, the State pays \$260 per month to eligible retirees. The retiree can apply this amount to any Medicare Supplement or MAPD plan.								
OH	NO POST 65 PLAN	Through an HRA, the State pays \$315 per month to eligible retirees. The retiree can apply this amount to any Medicare Supplement or MAPD plan.								
OK	BCBSOK – BlueSecureSM	1/1/2023	Medicare Supplement	\$320	75%	\$105	25%	\$425	100%	Self Funded
OK	HealthChoice SilverScript High Option Medicare Supplement	1/1/2023	Medicare Supplement	\$306	74%	\$105	26%	\$411	100%	Self Funded
OK	HealthChoice SilverScript Low Option Medicare Supplement	1/1/2023	Medicare Supplement	\$234	69%	\$105	31%	\$339	100%	Self Funded
OK	BCBSOK – MAPD	1/1/2023	Medicare Advantage	\$133	56%	\$105	44%	\$238	100%	Fully Insured
OK	CommunityCare Senior Health Plan	1/1/2023	Medicare Advantage	\$113	52%	\$105	48%	\$218	100%	Fully Insured
OK	Generations by GlobalHealth	1/1/2023	Medicare Advantage	\$104	50%	\$105	50%	\$209	100%	Fully Insured
OK	Humana National MAPD	1/1/2023	Medicare Advantage	\$81	43%	\$105	57%	\$186	100%	Fully Insured
RI	NO POST 65 PLAN	Through an HRA, the State pays 80% of the age-based premiums for a Benchmark Medicare Supplement Plan F policy. The retiree can apply this amount to any Medicare Supplement or MAPD plan.								
SC	Medicare Supplement Plan	1/1/2023	Medicare Supplement	\$98	17%	\$463	83%	\$561	100%	Self Funded
SD	South Dakota Retiree Health Benefit Plan	1/1/2023	Medicare Supplement	\$227	100%	\$0	0%	\$227	100%	Self Funded

[-- represents no data]

Exhibit 1
State of Washington - Survey of other states' Medicare Retiree Health Benefits
Retiree and Employer Contributions

State	Option	Effective Date	Medicare Plan type	Retiree Monthly		Employer Monthly		Total Monthly		Funding Status
				\$ Contribution	% Contribution	\$ Contribution	% Contribution	\$ Contribution	% Contribution	
TN	The Tennessee Plan (Medical Only)	1/1/2023	Medicare Supplement	\$97	66%	\$50	34%	\$147	100%	Self Funded
UT	Plan 100	1/1/2023	Medicare Supplement	\$170	100%	\$0	0%	\$170	100%	Self Funded
UT	Plan 75	1/1/2023	Medicare Supplement	\$131	100%	\$0	0%	\$131	100%	Self Funded
UT	Plan 50	1/1/2023	Medicare Supplement	\$96	100%	\$0	0%	\$96	100%	Self Funded
VT	Express Scripts Medicare PDP - TotalChoice (Rx Only)	1/1/2023	Medicare Supplement	\$88	20%	\$352	80%	\$440	100%	Self Funded
VT	Express Scripts Medicare PDP - SelectCare (Rx Only)	1/1/2023	Medicare Supplement	\$71	20%	\$285	80%	\$357	100%	Self Funded
WI	IYC UHC MA	1/1/2023	Medicare Advantage	\$195	100%	\$0	0%	\$195	100%	Fully Insured
WI	UHC Medicare Plus	1/1/2023	Medicare Supplement	\$365	100%	\$0	0%	\$365	100%	Fully Insured
WI	Aspirus Health Plan	1/1/2023	Medicare Supplement	\$530	100%	\$0	0%	\$530	100%	Fully Insured
WI	Common Ground	1/1/2023	Medicare Supplement	\$543	100%	\$0	0%	\$543	100%	Fully Insured
WI	Dean Health Plan	1/1/2023	Medicare Supplement	\$438	100%	\$0	0%	\$438	100%	Fully Insured
WI	Dean Health Plan - Prevea360 East	1/1/2023	Medicare Supplement	\$508	100%	\$0	0%	\$508	100%	Fully Insured
WI	Dean Health Plan - Prevea360 West and Mayo Clinic Health System	1/1/2023	Medicare Supplement	\$557	100%	\$0	0%	\$557	100%	Fully Insured
WI	GHC of Eau Claire Greater WI	1/1/2023	Medicare Supplement	\$522	100%	\$0	0%	\$522	100%	Fully Insured
WI	GHC of Eau Claire River Region	1/1/2023	Medicare Supplement	\$581	100%	\$0	0%	\$581	100%	Fully Insured
WI	GHC of South Central Wisconsin	1/1/2023	Medicare Supplement	\$452	100%	\$0	0%	\$452	100%	Fully Insured
WI	HealthPartners Southeast	1/1/2023	Medicare Supplement	\$395	100%	\$0	0%	\$395	100%	Fully Insured
WI	HealthPartners West	1/1/2023	Medicare Supplement	\$388	100%	\$0	0%	\$388	100%	Fully Insured
WI	Medical Associates Health Plans	1/1/2023	Medicare Supplement	\$362	100%	\$0	0%	\$362	100%	Fully Insured
WI	MercyCare Health Plans	1/1/2023	Medicare Supplement	\$391	100%	\$0	0%	\$391	100%	Fully Insured
WI	Network Health	1/1/2023	Medicare Supplement	\$467	100%	\$0	0%	\$467	100%	Fully Insured
WI	Quartz Central	1/1/2023	Medicare Supplement	\$454	100%	\$0	0%	\$454	100%	Fully Insured
WI	Quartz UW Health	1/1/2023	Medicare Supplement	\$404	100%	\$0	0%	\$404	100%	Fully Insured
WI	Quartz West	1/1/2023	Medicare Supplement	\$444	100%	\$0	0%	\$444	100%	Fully Insured
WI	Robin with HealthPartners	1/1/2023	Medicare Supplement	\$416	100%	\$0	0%	\$416	100%	Fully Insured
WI	Security Health Plan	1/1/2023	Medicare Supplement	\$554	100%	\$0	0%	\$554	100%	Fully Insured
WV	PEIA Medicare Advantage Plan I	1/1/2022	Medicare Advantage	\$281	100%	\$0	0%	\$281	100%	Fully Insured
WV	PEIA Medicare Advantage Plan II	1/1/2022	Medicare Advantage	\$182	100%	\$0	0%	\$182	100%	Fully Insured
WY	Cigna \$900 Deductible	1/1/2022	Medicare Coordination of Benefits	\$526	75%	\$173	25%	\$699	100%	Self Funded
WY	Cigna \$2000 Deductible	1/1/2022	Medicare Coordination of Benefits	\$471	73%	\$173	27%	\$644	100%	Self Funded
WY	Cigna \$4000 Deductible	1/1/2022	Medicare Coordination of Benefits	\$432	71%	\$173	29%	\$604	100%	Self Funded
WY	WrapAroundMedicare with Rx	1/1/2022	Medicare Supplement	\$409	70%	\$173	30%	\$582	100%	Self Funded

Notes:
A few states maintain grandfathered plans for Medicare eligible retirees that are not offered to new retirees. [-- represents no data]
These plans are excluded from this table.

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Arkansas	State of Alabama	State of Alaska	State of Arizona		State of Connecticut	State of Delaware	
Option	UHC MAPD PPO	UHC MA PPO	AlaskaCare DCR Aetna	MA UHC HMO	MA UHC PPO	Aetna Medicare PPO	Highmark Delaware Special Medicfill	
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Carve-Out Plan	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Supplement	
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	
Deductible/Out of Pocket Maximum								
Medical Deductible	\$0	\$0	COB	\$0	\$0	\$0	\$0	
Rx Deductible	\$0	\$0		\$0	\$0	\$0	\$0	
Out of Pocket Maximum (includes Deductible)	\$0	\$6,700		\$4,000	\$5,000	\$2,000	\$0	
Medical								
PCP (exc. Well Baby, Prev., X-rays)	No charge	\$10 copay	COB	\$15 copay	\$15 copay	\$15 copay	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	
Specialist Visit		\$15 copay		\$30 copay	\$25 copay			
Lab OP and Prof Services		No charge		No charge	No charge	No charge		
X-rays and Diagnostic Imaging		\$75 copay		\$50 copay				
Imaging (CT/PET Scans, MRIs)		\$150 copay		\$100 copay	\$50 copay	\$125 copay		
OP Facility (e.g., ASC)		\$80 copay		\$50 copay				
Emergency Room Services		No charge		\$100 copay per admit	No charge after \$150 deductible	No charge		
IP Hospital		\$14 copay		\$15 copay	No charge	\$15 copay		
Mental Health / Substance Abuse		\$15 copay		No charge	No charge	No charge		
Rehabilitative Speech Therapy		\$15 copay						
Physical Therapy / Occupational Therapy		No charge for days 1 - 100		No charge for days 1 - 20 \$167.50 copay for days 21 - 58 No charge for days 59 - 100	No charge for days 1 - 100	No charge for days 1 - 100		
Skilled Nursing Facility								
Pharmacy								
Generics	\$15 copay	\$3 copay	COB	\$10 copay	\$10 copay	\$0 copay	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	
Preferred Brand Drugs	\$40 copay	\$23 copay		\$40 copay	\$35 copay	\$5 copay		
Non-Preferred Brand Drugs	\$80 copay	\$53 copay		\$40 copay	\$35 copay	\$12.50 copay		
Specialty High-Cost Drugs	\$100 copay							
Additional Benefits								
Vision (Exam)	No charge	No charge	COB	\$20 copay	\$20 copay	\$15 copay	Covered	

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Georgia				State of Hawaii		
Option	Anthem Medicare Advantage PPO Standard	Anthem Medicare Advantage PPO Premium	UnitedHealthcare Medicare Advantage PPO Standard	UnitedHealthcare Medicare Advantage PPO Premium	HMSA 90/10 PPO Plan	Humana Medicare Advantage Plan	Kaiser Permanente Senior Advantage Plan
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Supplement	Medicare Advantage	Medicare Advantage
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum							
Medical Deductible	\$0	\$0	\$0	\$0	\$100	\$100	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$3,500	\$2,500	\$3,500	\$2,500	\$2,500	\$2,500	\$2,000
Medical							
PCP (exc. Well Baby, Prev., X-rays)	\$25 copay	\$15 copay	\$25 copay	\$15 copay	10% coins (ded does not apply)	10% coins (ded does not apply)	\$15 copay
Specialist Visit	\$30 copay	\$25 copay	\$30 copay	\$25 copay			
Lab OP and Prof Services	No charge	No charge	No charge	No charge	20% coins (ded does not apply)	10% after ded	No charge
X-rays and Diagnostic Imaging							
Imaging (CT/PET Scans, MRIs)	\$35 copay	\$35 copay	\$35 copay	\$35 copay			
OP Facility (e.g., ASC)	\$95 copay / 20% coins	\$50 copay / 20% coins	\$95 copay / 20% coins	\$50 copay / 20% coins	--		--
Emergency Room Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	10% coins (ded does not apply)	10% coins (ded does not apply)	\$50 copay
IP Hospital	20% coins	20% coins	20% coins	20% coins			No charge
Mental Health / Substance Abuse	\$30 copay	\$25 copay	\$30 copay	\$25 copay	10% after ded	10% after ded	--
Rehabilitative Speech Therapy	\$25 copay	\$10 copay	\$25 copay	\$10 copay			
Physical Therapy / Occupational Therapy							
Skilled Nursing Facility	No charge for days 1 - 20 \$50 copay for days 21 - 100	No charge for days 1 - 20 \$25 copay for days 21 - 100	No charge for days 1 - 20 \$50 copay for days 21 - 100	No charge for days 1 - 20 \$25 copay for days 21 - 100	--	No charge for days 1 - 20 10% coins for days 21 - 120	--
Pharmacy							
Generics	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$5 copay	\$5 copay	\$15 copay
Preferred Brand Drugs	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$15 copay	\$15 copay	
Non-Preferred Brand Drugs	\$85 copay	\$85 copay	\$85 copay	\$85 copay	\$30 copay	\$30 copay	
Specialty High-Cost Drugs					20% coins (max \$250)	20% coins (max \$250)	
Additional Benefits							
Vision (Exam)	\$30 copay	\$25 copay	No charge	No charge	Not covered	Not covered	Not covered

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Iowa				State of Illinois	State of Kentucky	
Option	Iowa Choice	National Choice	Group Program F	Group Program N	Aetna MAPD PPO	Humana MA Premium PPO	Humana MA Essential PPO
Medicare Plan type	Medicare Carve-Out Plan	Medicare Carve-Out Plan	Medicare Supplement	Medicare Supplement	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum							
Medical Deductible	COB	COB	\$0	Medicare Part B deductible	\$110	\$500	\$500
Rx Deductible			\$0	\$0	\$125	\$0	\$435
Out of Pocket Maximum (includes Deductible)			\$0	--	\$1,300	\$1,200	\$1,200
Medical							
PCP (exc. Well Baby, Prev., X-rays)	COB	COB	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	\$20 after ded	15% after ded	\$15 copay	\$15 copay
Specialist Visit				\$25 copay	\$25 copay		
Lab OP and Prof Services				No charge	No charge	No charge	No charge
X-rays and Diagnostic Imaging				15% after ded	\$15 - \$45 copay	\$15 - \$45 copay	
Imaging (CT/PET Scans, MRIs)					\$20 after ded	4% coins	4% coins
OP Facility (e.g., ASC)				\$50 copay	\$120 copay	\$65 copay	\$65 copay
Emergency Room Services				15% after ded	\$231 copay per admit	\$231 copay per admit	
IP Hospital					Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	
Mental Health / Substance Abuse				\$15 - \$45 copay	\$15 - \$45 copay		
Rehabilitative Speech Therapy				\$20 after ded	4% coins	4% coins	
Physical Therapy / Occupational Therapy				--			
Skilled Nursing Facility				No charge for days 1 - 100	No charge for days 1 - 20 \$29 copay for days 21 - 100 20% coins for days 101 - 365	No charge for days 1 - 20 \$29 copay for days 21 - 100 20% coins for days 101 - 365	
Pharmacy							
Generics	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$10 copay	\$10 copay	25 % after ded
Preferred Brand Drugs	20% coins	20% coins	20% coins	20% coins	\$30 copay	\$30 copay	
Non-Preferred Brand Drugs	45% coins	45% coins	45% coins	45% coins	\$60 copay	\$55 copay	
Specialty High-Cost Drugs	33% coins	33% coins	33% coins	33% coins			
Additional Benefits							
Vision (Exam)	Not covered	Not covered	Not covered	Not covered	Not covered	\$25 copay	\$25 copay

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Kansas							
Option	Freedom PPO	Elite PPO	Senior Plan G with SilverScript Premier Part D	Senior Plan G with SilverScript Economy Part D	Senior Plan G Select with SilverScript Premier Part D	Senior Plan G Select with SilverScript Economy Part D	Senior Plan N with SilverScript Premier Part D	Senior Plan N with SilverScript Economy Part D
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum								
Medical Deductible	\$0	\$150	Medicare Part B deductible	Medicare Part B deductible	Medicare Part B deductible	Medicare Part B deductible	Medicare Part B deductible	Medicare Part B deductible
Rx Deductible	\$0	\$0	\$0	\$350	\$0	\$350	\$0	\$350
Out of Pocket Maximum (includes Deductible)	\$1,000	\$150	--	--	--	--	--	--
Medical								
PCP (exc. Well Baby, Prev., X-rays)	\$10 copay	No charge after ded	Plan pays Medicare Part A deductible and all charges for medicare covered services not paid by Medicare	Plan pays Medicare Part A deductible and all charges for medicare covered services not paid by Medicare	Plan pays Medicare Part A deductible and all charges for medicare covered services not paid by Medicare	Plan pays Medicare Part A deductible and all charges for medicare covered services not paid by Medicare	\$20 after ded	\$20 after ded
Specialist Visit	\$25 copay							
Lab OP and Prof Services	No charge						No charge	No charge
X-rays and Diagnostic Imaging								
Imaging (CT/PET Scans, MRIs)	\$150 copay						\$20 after ded	\$20 after ded
OP Facility (e.g., ASC)								
Emergency Room Services	\$80 copay						\$50 copay	\$50 copay
IP Hospital	\$150 copay per day (max \$750)						Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare
Mental Health / Substance Abuse	\$25 copay							
Rehabilitative Speech Therapy	No charge						\$20 after ded	\$20 after ded
Physical Therapy / Occupational Therapy								
Skilled Nursing Facility	No charge for days 1 - 20 \$167.50 copay for days 21 - 100	No charge for days 1 - 100	No charge for days 1 - 100					
Pharmacy								
Generics	\$6 copay	\$6 copay	20% coins (max \$30)	\$10 copay	20% coins (max \$30)	\$10 copay	20% coins (max \$30)	\$10 copay
Preferred Brand Drugs	\$47 copay	\$47 copay	25% coins (max \$100)	\$47 copay	25% coins (max \$100)	\$47 copay	25% coins (max \$100)	\$47 copay
Non-Preferred Brand Drugs	\$100 copay	\$100 copay	50% coins (max \$150)	50% coins	50% coins (max \$150)	50% coins	50% coins (max \$150)	50% coins
Specialty High-Cost Drugs	33% coins	33% coins	25% coins	25% coins	25% coins	25% coins	25% coins	25% coins
Additional Benefits								
Vision (Exam)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Louisiana					
Option	Blue Advantage HMO MA	Humana Medicare Employer HMO MA	Peoples Health HMO-POS MA	Vantage Premium HMO-POS MA	Vantage Standard HMO-POS MA	Vantage Basic HMO-POS MA
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum						
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$505	\$505
Out of Pocket Maximum (includes Deductible)	\$2,000	\$2,000	\$2,500	\$0	\$4,900	\$5,900
Medical						
PCP (exc. Well Baby, Prev., X-rays)	\$5 copay	No charge	No charge	No charge	No charge	No charge
Specialist Visit	\$20 copay	\$10 copay	\$10 copay		\$45 copay	\$50 copay
Lab OP and Prof Services	No charge	No charge	No charge		20% coins	20% coins
X-rays and Diagnostic Imaging					No charge	No charge
Imaging (CT/PET Scans, MRIs)	\$100 copay				\$150 copay	\$250 copay
OP Facility (e.g., ASC)	No charge				\$250 copay	\$350 copay
Emergency Room Services	\$50 copay	\$50 copay	\$50 copay		\$90 copay	\$90 copay
IP Hospital	\$50 copay per day (max \$500)	\$50 copay per day (max \$500)	\$50 copay per day (max \$500)		\$270 copay for days 1 - 7 (max \$1,890)	\$318 copay for days 1 - 7 (max \$2,226)
Mental Health / Substance Abuse	\$10 copay / \$20 copay				\$30 copay	\$40 copay
Rehabilitative Speech Therapy	No charge	No charge	No charge		\$10 copay	\$20 copay
Physical Therapy / Occupational Therapy						
Skilled Nursing Facility	No charge for days 1 - 20 \$25 copay for days 21 - 100	No charge for days 1 - 20 \$25 copay for days 21 - 100	No charge for days 1 - 20 \$25 copay for days 21+		No charge for days 1 - 20 \$188 copay for days 21 - 100	No charge for days 1 - 20 \$188 copay for days 21 - 100
Pharmacy						
Generics	\$10 copay	No charge	No charge	\$14 copay	\$14 copay	\$16 copay
Preferred Brand Drugs	\$25 copay	\$20 copay	\$20 copay	\$47 copay	\$47 copay	\$47 copay
Non-Preferred Brand Drugs	\$50 copay	\$40 copay	\$40 copay	\$100 copay	\$100 after ded	\$100 after ded
Specialty High-Cost Drugs	20% coins	20% coins	20% coins	33% coins	25% after ded	25% after ded
Additional Benefits						
Vision (Exam)	No charge	No charge	No charge	No charge	No charge	No charge

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Massachusetts					
Option	Tufts Health Plan Medicare Preferred	Tufts Health Plan Medicare Complement	Harvard Pilgrim Medicare Enhance	Health New England Medicare Supplement Plus	UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC (Comprehensive)	UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC
Medicare Plan type	Medicare Advantage	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement
Effective Date	7/1/2022	7/1/2022	7/1/2022	7/1/2022	7/1/2022	7/1/2022
Deductible/Out of Pocket Maximum						
Medical Deductible	\$0	\$0	\$0	\$0	\$0	Higher Deductible than plan with CIC
Rx Deductible	\$0	\$0	\$0	\$0	\$0	
Out of Pocket Maximum (includes Deductible)	--	--	--	--	--	--
Medical						
PCP (exc. Well Baby, Prev., X-rays)	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$10 copay	Plan pays 80% of cost for most services
Specialist Visit						
Lab OP and Prof Services	No charge	No charge	No charge	No charge	No charge	
X-rays and Diagnostic Imaging						
Imaging (CT/PET Scans, MRIs)	--	--	--	--	--	
OP Facility (e.g., ASC)	No charge	No charge	No charge	No charge	No charge	
Emergency Room Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	
IP Hospital	No charge	No charge	No charge	No charge	No charge	
Mental Health / Substance Abuse					\$10 copay after 4 visits	
Rehabilitative Speech Therapy	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$10 copay	
Physical Therapy / Occupational Therapy						
Skilled Nursing Facility	--	--	--	--	--	
Pharmacy						
Generics	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	--
Preferred Brand Drugs	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	
Non-Preferred Brand Drugs						
Specialty High-Cost Drugs	\$65 copay	\$65 copay	\$65 copay	\$65 copay	\$65 copay	
Additional Benefits						
Vision (Exam)	Not covered	Not covered	Not covered	Not covered	Not covered	--

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Maryland				State of Maine	State of Missouri
Option	Carefirst BlueCross BlueShield PPO + CVS Caremark	Carefirst BlueCross BlueShield EPO + CVS Caremark	UnitedHealthcare PPO + CVS Caremark	UnitedHealthcare EPO + CVS Caremark	Aetna PPO MA	UHC Group Medicare Advantage
Medicare Plan type	Medicare Maintenance of Benefits	Medicare Maintenance of Benefits	Medicare Maintenance of Benefits	Medicare Maintenance of Benefits	Medicare Advantage	Medicare Advantage
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum						
Medical Deductible					\$300	\$300
Rx Deductible	COB	COB	COB	COB	\$0	\$0
Out of Pocket Maximum (includes Deductible)					\$3,400	\$1,500
Medical						
PCP (exc. Well Baby, Prev., X-rays)					\$5 copay	\$15 copay
Specialist Visit					\$25 copay	\$30 copay
Lab OP and Prof Services					No charge	No charge
X-rays and Diagnostic Imaging					\$5 copay	\$25 copay
Imaging (CT/PET Scans, MRIs)					\$50 copay	\$30 copay
OP Facility (e.g., ASC)						\$100 copay
Emergency Room Services					\$75 copay	
IP Hospital	COB	COB	COB	COB	No charge	\$150 copay per admit
Mental Health / Substance Abuse						
Rehabilitative Speech Therapy					\$20 copay	\$30 copay
Physical Therapy / Occupational Therapy						
Skilled Nursing Facility					No charge for days 1 - 100	No charge for days 1 - 100
Pharmacy						
Generics					\$10 copay	\$10 copay
Preferred Brand Drugs					\$30 copay	\$40 copay
Non-Preferred Brand Drugs	COB	COB	COB	COB	\$45 copay	
Specialty High-Cost Drugs					\$75 copay	\$100 copay
Additional Benefits						
Vision (Exam)	COB	COB	COB	COB	No charge	No charge

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Minnesota			State of Mississippi	State of Montana	State of North Dakota	State of New Hampshire
Option	BlueCross BlueShield Medicare Coordinated Plan	HealthPartners Retiree National Choice	PreferredOne UCare Medicare Group	State Health Plan Select COB no Rx	State Medical Plan Medicare COB	Dakota Retiree Plan Medicare Supplement	Aetna Medicare PPO
Medicare Plan type	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Coordination of Benefits	Medicare Coordination of Benefits	Medicare Supplement	Medicare Advantage
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum							
Medical Deductible	\$200 inpatient + Medicare Part B deductible	\$0	\$0	COB	COB	\$0	\$226
Rx Deductible	\$0	\$0	\$0			\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$800 inpatient + Medicare Part B deductible	\$3,400	\$3,000			--	\$226
Medical							
PCP (exc. Well Baby, Prev., X-rays)	Plan pays all charges for medicare covered services not paid by Medicare after Medicare Part B deductible	\$15 copay	\$15 copay	COB	COB	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	No charge after ded
Specialist Visit		No charge	--				
Lab OP and Prof Services							
X-rays and Diagnostic Imaging							
Imaging (CT/PET Scans, MRIs)							
OP Facility (e.g., ASC)		\$50 copay	\$50 copay				
Emergency Room Services		\$100 copay per admit	\$100 copay per admit				
IP Hospital	20% of first \$3000 after deductible	\$100 copay per admit	\$100 copay per admit	COB	COB	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	No charge after ded
Mental Health / Substance Abuse	Plan pays all charges for medicare covered services not paid by Medicare after Medicare Part B deductible	\$15 copay	\$15 copay				
Rehabilitative Speech Therapy							
Physical Therapy / Occupational Therapy	20% of first \$3000 after deductible	No charge for days 1 - 100	No charge for days 1 - 100	COB	COB	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	No charge after ded for days 1 - 100
Skilled Nursing Facility							
Pharmacy							
Generics	\$10 copay	\$10 copay	\$10 copay	Not covered	COB	\$5 copay + 15% coins	\$10 copay
Preferred Brand Drugs	\$30 copay	\$30 copay	\$30 copay			\$15 copay + 25% coins	\$25 copay
Non-Preferred Brand Drugs	\$50 copay	\$50 copay	\$50 copay			\$25 copay + 50% coins	\$40 copay
Specialty High-Cost Drugs							
Additional Benefits							
Vision (Exam)	No charge	No charge	No charge	COB	COB	Not covered	No charge

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of New Jersey								
Option	Medicare Advantage PPO ESA 10	Medicare Advantage PPO ESA 15	Medicare Advantage Open Access HMO	Medicare Advantage Open Access HMO 1525	NJ DIRECT1525	NJ DIRECT2030	Horizon HMO	Horizon HMO1525	Horizon HMO2030
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum									
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$400	\$1,000	\$2,500	\$2,500	\$7,749	\$7,749	\$7,749	\$7,749	\$7,749
Medical									
PCP (exc. Well Baby, Prev., X-rays)	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$10 copay	\$15 copay	\$20 copay
Specialist Visit				\$25 copay	\$25 copay	\$30 copay		\$25 copay	\$30 copay
Lab OP and Prof Services	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
X-rays and Diagnostic Imaging									
Imaging (CT/PET Scans, MRIs)									
OP Facility (e.g., ASC)									
Emergency Room Services	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$100 copay	\$125 copay	\$85 copay	\$100 copay	\$125 copay
IP Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Mental Health / Substance Abuse	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay	\$10 copay	\$25 copay	\$30 copay
Rehabilitative Speech Therapy									
Physical Therapy / Occupational Therapy									
Skilled Nursing Facility	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120
Pharmacy									
Generics	\$10 copay	\$10 copay	\$6 copay	\$7 copay	\$7 copay	\$3 copay	\$6 copay	\$7 copay	\$3 copay
Preferred Brand Drugs	\$22 copay	\$22 copay	\$12 copay	\$16 copay	\$16 copay	\$18 copay	\$12 copay	\$16 copay	\$18 copay
Non-Preferred Brand Drugs	\$44 copay	\$44 copay	\$24 copay	\$35 copay	\$35 copay	\$46 copay	\$24 copay	\$35 copay	\$46 copay
Specialty High-Cost Drugs									
Additional Benefits									
Vision (Exam)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of New Mexico								
Option	BCBSNM Medicare Supplement	UHC Medicare Advantage I	UHC Medicare Advantage II	Humana Medicare Advantage I	Humana Medicare Advantage II	BCBS Medicare Advantage I	BCBS Medicare Advantage II	Presbyterian Medicare Advantage I	Presbyterian Medicare Advantage II
Medicare Plan type	Medicare Supplement	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum									
Medical Deductible	Medicare Part B deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	--	\$2,500	\$2,800	\$2,000	\$1,500	\$3,000	\$6,700	\$2,500	\$3,000
Medical									
PCP (exc. Well Baby, Prev., X-rays)	Plan pays all charges for medicare covered services not paid by Medicare after Medicare Part B deductible	\$5 copay	\$5 copay	\$5 copay	\$2 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Specialist Visit		\$25 copay	\$25 copay	\$30 copay	\$25 copay	\$30 copay	\$40 copay	\$30 copay	\$40 copay
Lab OP and Prof Services		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
X-rays and Diagnostic Imaging				\$5 - \$100 copay	\$2 - \$50 copay				
Imaging (CT/PET Scans, MRIs)		\$25 copay	\$25 copay	\$5 - \$100 copay	\$0 - \$100 copay	\$50 copay	\$200 copay	No charge	\$250 copay
OP Facility (e.g., ASC)		\$100 copay	\$100 copay	\$100 copay	\$75 copay	\$175 copay	\$300 copay	\$125 copay	\$275 copay
Emergency Room Services		\$50 copay	\$50 copay	\$50 copay	\$65 copay	\$65 copay	\$90 copay	\$65 copay	\$75 copay
IP Hospital		\$250 copay per admit	\$250 copay per admit	\$150 copay per day (max \$750)	\$200 copay per admit	\$125 copay per day (max \$625)	\$500 copay per admit	\$125 copay per day (max \$375)	\$225 copay per day (max \$1,125)
Mental Health / Substance Abuse		\$20 copay	\$20 copay	\$30 copay	\$0 - \$50 copay	\$40 copay	\$30 copay	No charge	No charge
Rehabilitative Speech Therapy		\$10 copay	\$10 copay	\$20 copay	\$0 - \$25 copay	\$10 copay	\$40 copay	\$10 copay	\$15 copay
Physical Therapy / Occupational Therapy									
Skilled Nursing Facility	No charge for days 1 - 100	No charge for days 1 - 100	No charge for days 1 - 20 \$25 copay for days 21 - 100	No charge for days 1 - 100	No charge for days 1 - 20 \$75 copay for days 21 - 100	No charge for days 1 - 20 \$50 copay for days 21 - 100	No charge for days 1 - 20 \$40 copay for days 21 - 100	No charge for days 1 - 20 \$40 copay for days 21 - 100	
Pharmacy									
Generics	\$5 - \$15 copay	\$15 copay	\$10 copay	\$4 copay	\$4 copay	\$5 - \$10 copay	\$7 - \$12 copay	\$10 copay	\$10 copay
Preferred Brand Drugs	\$30 - \$60 copay	\$35 copay	\$20 copay	\$40 copay	\$20 copay	\$40 - \$45 copay	\$40 - \$45 copay	\$45 copay	\$45 copay
Non-Preferred Brand Drugs	\$50 - \$125 copay	\$70 copay	\$35 copay	\$90 copay	\$90 copay	\$90 - \$95 copay	\$90 - \$95 copay	\$95 copay	\$95 copay
Specialty High-Cost Drugs				25% coins (max \$125)	\$125 copay	33% coins	25% coins	33% coins (max \$100)	27% coins
Additional Benefits									
Vision (Exam)	No charge	No charge	No charge	\$25 copay	\$25 copay	\$10 copay	\$10 copay	No charge	No charge

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Oklahoma						
Option	BCBSOK – BlueSecureSM	HealthChoice SilverScript High Option Medicare Supplement	HealthChoice SilverScript Low Option Medicare Supplement	BCBSOK – MAPD	CommunityCare Senior Health Plan	Generations by GlobalHealth	Humana National MAPD
Medicare Plan type	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Advantage	Medicare Advantage	Medicare Advantage	Medicare Advantage
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum							
Medical Deductible	Medicare Part B deductible	Medicare Part B deductible	Medicare Part B deductible	\$0	\$0	\$0	\$175
Rx Deductible	\$0	\$100	\$505	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	--	--	--	--	--	--	--
Medical							
PCP (exc. Well Baby, Prev., X-rays)	Plan pays all charges for medicare covered services not paid by Medicare after Medicare Part B deductible	Plan pays all charges for medicare covered services not paid by Medicare after Medicare Part B deductible	Plan pays all charges for medicare covered services not paid by Medicare after Medicare Part B deductible	No charge	No charge	No charge	No charge after ded
Specialist Visit					\$10 copay	\$20 copay	
Lab OP and Prof Services							
X-rays and Diagnostic Imaging					No charge	No charge	
Imaging (CT/PET Scans, MRIs)							
OP Facility (e.g., ASC)							
Emergency Room Services					\$90 copay	\$75 copay	
IP Hospital					\$50 copay per day (max \$250)	\$50 copay per day (max \$250)	
Mental Health / Substance Abuse					\$10 copay	\$20 copay	
Rehabilitative Speech Therapy					No charge		
Physical Therapy / Occupational Therapy							
Skilled Nursing Facility			No charge for days 1 - 20 \$100 copay for days 21 - 100	No charge for days 1 - 20 \$184 copay for days 21 - 100			
Pharmacy							
Generics	\$2 copay	\$10 after ded	25% after ded	\$15 copay	\$10 copay	\$15 copay	\$5 copay
Preferred Brand Drugs	\$25 copay	\$45 after ded		\$40 copay	\$30 copay	\$42 copay	\$45 copay
Non-Preferred Brand Drugs	\$75 copay	\$75 after ded		\$90 copay	\$60 copay	\$95 copay	\$75 copay
Specialty High-Cost Drugs	33% coins	\$100 after ded		33% coins	33% coins	33% coins	\$100 copay
Additional Benefits							
Vision (Exam)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of South Carolina	State of South Dakota	State of Tennessee	State of Utah			State of Vermont	
Option	Medicare Supplement Plan	South Dakota Retiree Health Benefit Plan	The Tennessee Plan (Medical Only)	Plan 100	Plan 75	Plan 50	Express Scripts Medicare PDP - TotalChoice (Rx Only)	Express Scripts Medicare PDP - SelectCare (Rx Only)
Medicare Plan type	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum								
Medical Deductible	\$0	\$0	Medicare Part B deductible	\$0	25% of Medicare deductibles	50% of Medicare deductibles	N/A	N/A
Rx Deductible	\$0	N/A	N/A	\$505	\$505	\$505	\$50	\$50
Out of Pocket Maximum (includes Deductible)	--	--	--	--	\$3,310	\$6,620	--	--
Medical								
PCP (exc. Well Baby, Prev., X-rays)	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare	Plan pays all charges for medicare covered services not paid by Medicare after Medicare Part B deductible	Plan pays 100% of medicare deductible and all charges for medicare covered services not paid by Medicare	Plan pays 75% of charges for medicare covered services not paid by Medicare after Medicare Part A & B deductible	Plan pays 50% of charges for medicare covered services not paid by Medicare after Medicare Part A & B deductible	Not covered	Not covered
Specialist Visit								
Lab OP and Prof Services								
X-rays and Diagnostic Imaging								
Imaging (CT/PET Scans, MRIs)								
OP Facility (e.g., ASC)								
Emergency Room Services								
IP Hospital								
Mental Health / Substance Abuse								
Rehabilitative Speech Therapy								
Physical Therapy / Occupational Therapy								
Skilled Nursing Facility								
Pharmacy								
Generics	\$13 copay	Not covered	Not covered	10% after ded (min \$5)	10% after ded (min \$5)	10% after ded (min \$5)	10% after ded	10% after ded
Preferred Brand Drugs	\$46 copay			25% after ded (min\$25)	25% after ded (min\$25)	25% after ded (min\$25)	20% after ded	20% after ded
Non-Preferred Brand Drugs	\$77 copay			50% after ded (min \$50)	50% after ded (min \$50)	50% after ded (min \$50)	40% after ded	40% after ded
Specialty High-Cost Drugs				25% after ded	25% after ded	25% after ded		
Additional Benefits								
Vision (Exam)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of West Virginia		State of Wyoming			
	PEIA Medicare Advantage Plan I	PEIA Medicare Advantage Plan II	Cigna \$900 Deductible	Cigna \$2000 Deductible	Cigna \$4000 Deductible	WrapAroundMedicare with Rx
Option						
Medicare Plan type	Medicare Advantage	Medicare Advantage	Medicare Coordination of Benefits	Medicare Coordination of Benefits	Medicare Coordination of Benefits	Medicare Supplement
Effective Date	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
Deductible/Out of Pocket Maximum						
Medical Deductible	\$150	\$375	\$900	\$2,000	\$4,000	\$0
Rx Deductible	\$75	\$150	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$1,200	\$1,950	\$2,900	\$4,000	\$6,000	--
Medical						
PCP (exc. Well Baby, Prev., X-rays)	\$20 after ded	\$20 after ded	COB	COB	COB	Plan pays medicare deductible and all charges for medicare covered services not paid by Medicare
Specialist Visit	\$40 after ded	\$50 after ded				
Lab OP and Prof Services	--	--				
X-rays and Diagnostic Imaging						
Imaging (CT/PET Scans, MRIs)						
OP Facility (e.g., ASC)	\$100 after ded	\$115 after ded				
Emergency Room Services	\$50 after ded	\$65 after ded				
IP Hospital	\$100 per admit after ded	\$150 per admit after ded				
Mental Health / Substance Abuse	--	--				
Rehabilitative Speech Therapy						
Physical Therapy / Occupational Therapy						
Skilled Nursing Facility	No charge	No charge				
Pharmacy						
Generics	\$5 after ded	\$5 after ded	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Preferred Brand Drugs	\$15 after ded	\$20 after ded	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Non-Preferred Brand Drugs	50% after ded	50% after ded	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Specialty High-Cost Drugs	\$100 after ded	\$100 after ded	\$80 copay	\$80 copay	\$80 copay	\$80 copay
Additional Benefits						
Vision (Exam)	Not covered	Not covered	COB	COB	COB	Not covered

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Wisconsin									
Option	IYC UHC MA	UHC Medicare Plus	Aspirus Health Plan	Common Ground	Dean Health Plan	Dean Health Plan - Prevea360 East	Dean Health Plan - Prevea360 West and Mayo Clinic Health System	GHC of Eau Claire Greater WI	GHC of Eau Claire River Region	GHC of South Central Wisconsin
Medicare Plan type	Medicare Advantage	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum										
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$0	\$0	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100
Medical										
PCP (exc. Well Baby, Prev., X-rays)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Specialist Visit										
Lab OP and Prof Services										
X-rays and Diagnostic Imaging										
Imaging (CT/PET Scans, MRIs)										
OP Facility (e.g., ASC)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Emergency Room Services										
IP Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Mental Health / Substance Abuse										
Rehabilitative Speech Therapy										
Physical Therapy / Occupational Therapy	No charge for 365 visits	No charge for 365 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits
Skilled Nursing Facility	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120
Pharmacy										
Generics	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay
Preferred Brand Drugs	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)
Non-Preferred Brand Drugs	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)
Specialty High-Cost Drugs	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)
Additional Benefits										
Vision (Exam)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge

[-- represents no data]

Exhibit 2
State of Washington - Survey of other states'
Medicare Retiree Health Benefits
Medicare Benefit Plan Comparison

Employer	State of Wisconsin									
Option	HealthPartners Southeast	HealthPartners West	Medical Associates Health Plans	MercyCare Health Plans	Network Health	Quartz Central	Quartz UW Health	Quartz West	Robin with HealthPartners	Security Health Plan
Medicare Plan type	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement	Medicare Supplement
Effective Date	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
Deductible/Out of Pocket Maximum										
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum (includes Deductible)	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100
Medical										
PCP (exc. Well Baby, Prev., X-rays)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Specialist Visit										
Lab OP and Prof Services										
X-rays and Diagnostic Imaging										
Imaging (CT/PET Scans, MRIs)										
OP Facility (e.g., ASC)	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Emergency Room Services										
IP Hospital										
Mental Health / Substance Abuse										
Rehabilitative Speech Therapy										
Physical Therapy / Occupational Therapy	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits	No charge for 50 visits
Skilled Nursing Facility	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120	No charge for days 1 - 120
Pharmacy										
Generics	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay	\$0 - \$5 copay
Preferred Brand Drugs	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)	20% coins (max \$50)
Non-Preferred Brand Drugs	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)	40% coins (max \$150)
Specialty High-Cost Drugs	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)	\$50 copay / 40% coins (max \$200)
Additional Benefits										
Vision (Exam)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge

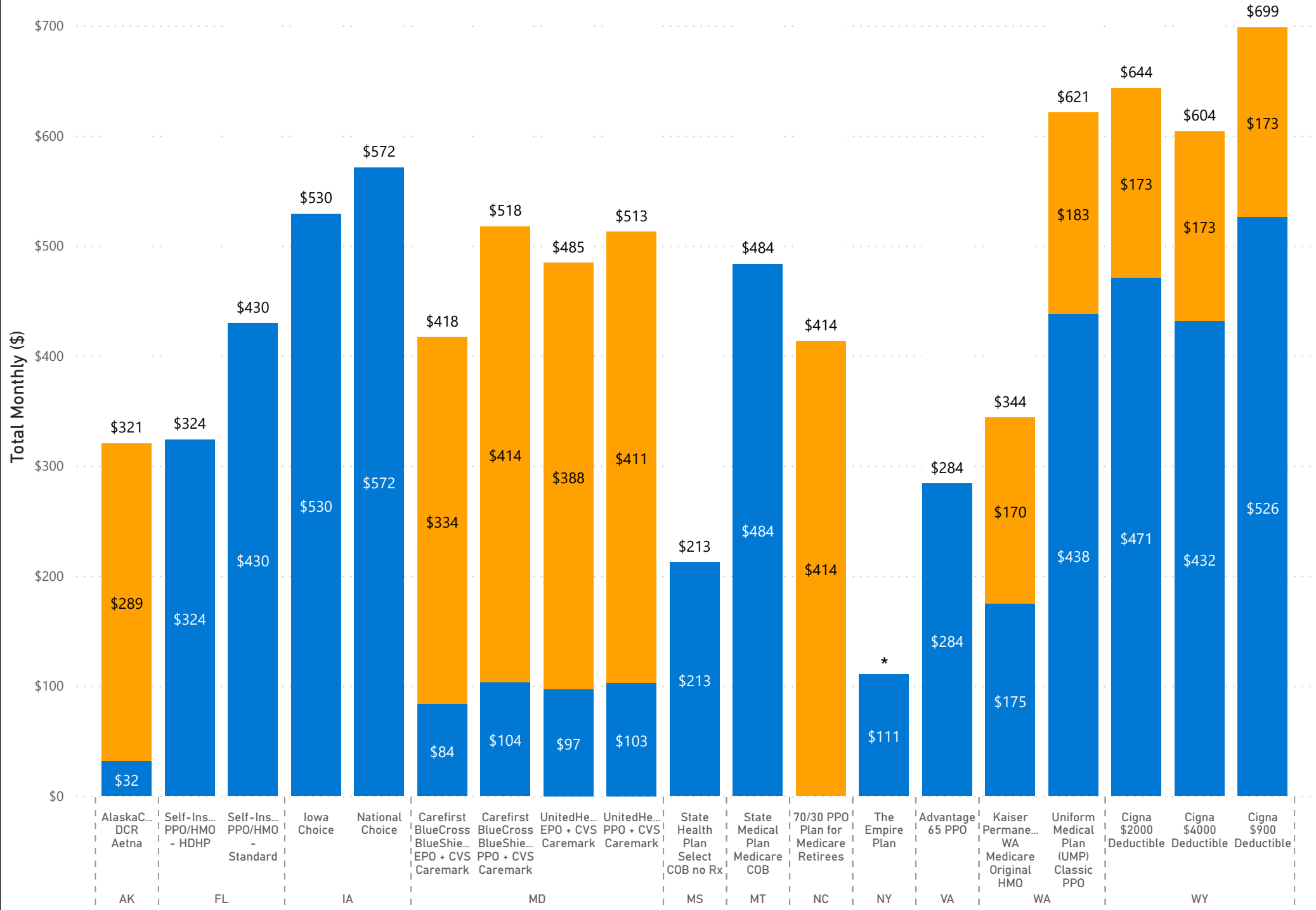
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Only States offering Medicare COB Plans

Exhibit 3a: 2023 Monthly Contribution (\$) by State and Option - Medicare COB Plans Only

2023 Monthly Contribution (\$) by State and Option - Medicare COB plans

● Retiree Monthly (\$) ● Employer Monthly (\$)



* [Employer contributions amounts and therefore Total plan rates for plans offered by New York unknown]

2023 Monthly Contribution (\$) by State and Option - Medicare COB plans

State	Option	Medicare Plan type	Retiree Monthly (\$)	Retiree Monthly (%)	Employer Monthly (\$)	Employer Monthly (%)	Total Monthly (\$)	Total Monthly (%)
AK	AlaskaCare DCR Aetna	Medicare Carve-Out Plan	\$32	10%	\$289	90%	\$321	100%
FL	Self-Insured PPO/HMO - HDHP	Medicare Coordination of Benefits	\$324	100%	\$0	0%	\$324	100%
	Self-Insured PPO/HMO - Standard	Medicare Coordination of Benefits	\$430	100%	\$0	0%	\$430	100%
IA	Iowa Choice	Medicare Carve-Out Plan	\$530	100%	\$0	0%	\$530	100%
	National Choice	Medicare Carve-Out Plan	\$572	100%	\$0	0%	\$572	100%
MD	Carefirst BlueCross BlueShield EPO + CVS Caremark	Medicare Maintenance of Benefits	\$84	20%	\$334	80%	\$418	100%
	Carefirst BlueCross BlueShield PPO + CVS Caremark	Medicare Maintenance of Benefits	\$104	20%	\$414	80%	\$518	100%
	UnitedHealthcare EPO + CVS Caremark	Medicare Maintenance of Benefits	\$97	20%	\$388	80%	\$485	100%
	UnitedHealthcare PPO + CVS Caremark	Medicare Maintenance of Benefits	\$103	20%	\$411	80%	\$513	100%
MS	State Health Plan Select COB no Rx	Medicare Coordination of Benefits	\$213	100%	\$0	0%	\$213	100%
MT	State Medical Plan Medicare COB	Medicare Coordination of Benefits	\$484	100%	\$0	0%	\$484	100%
NC	70/30 PPO Plan for Medicare Retirees	Medicare Maintenance of Benefits	\$0	0%	\$414	100%	\$414	100%
NY	The Empire Plan	Medicare Maintenance of Benefits	\$111	--	--	--	--	--
VA	Advantage 65 PPO	Medicare Coordination of Benefits	\$284	100%	\$0	0%	\$284	100%
WA	Kaiser Permanente WA Medicare Original HMO	Medicare Coordination of Benefits	\$175	51%	\$170	49%	\$344	100%
	Uniform Medical Plan (UMP) Classic PPO	Medicare Coordination of Benefits	\$438	71%	\$183	29%	\$621	100%
WY	Cigna \$2000 Deductible	Medicare Coordination of Benefits	\$471	73%	\$173	27%	\$644	100%
	Cigna \$4000 Deductible	Medicare Coordination of Benefits	\$432	71%	\$173	29%	\$604	100%
	Cigna \$900 Deductible	Medicare Coordination of Benefits	\$526	75%	\$173	25%	\$699	100%

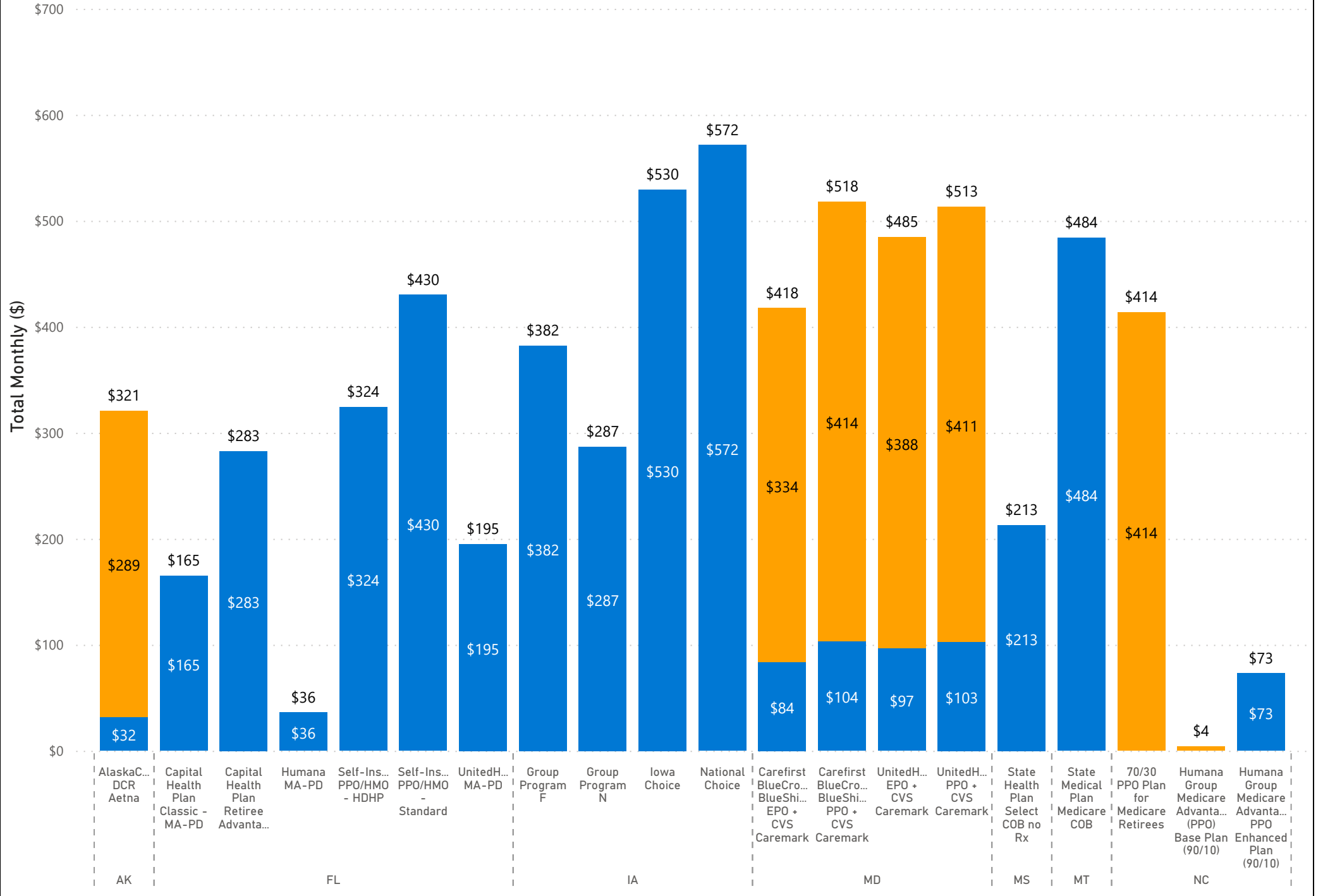
[--] denotes no data

Only States offering Medicare COB Plans

Exhibit 3b: 2023 Monthly Contribution (\$) by State and Option - All Options

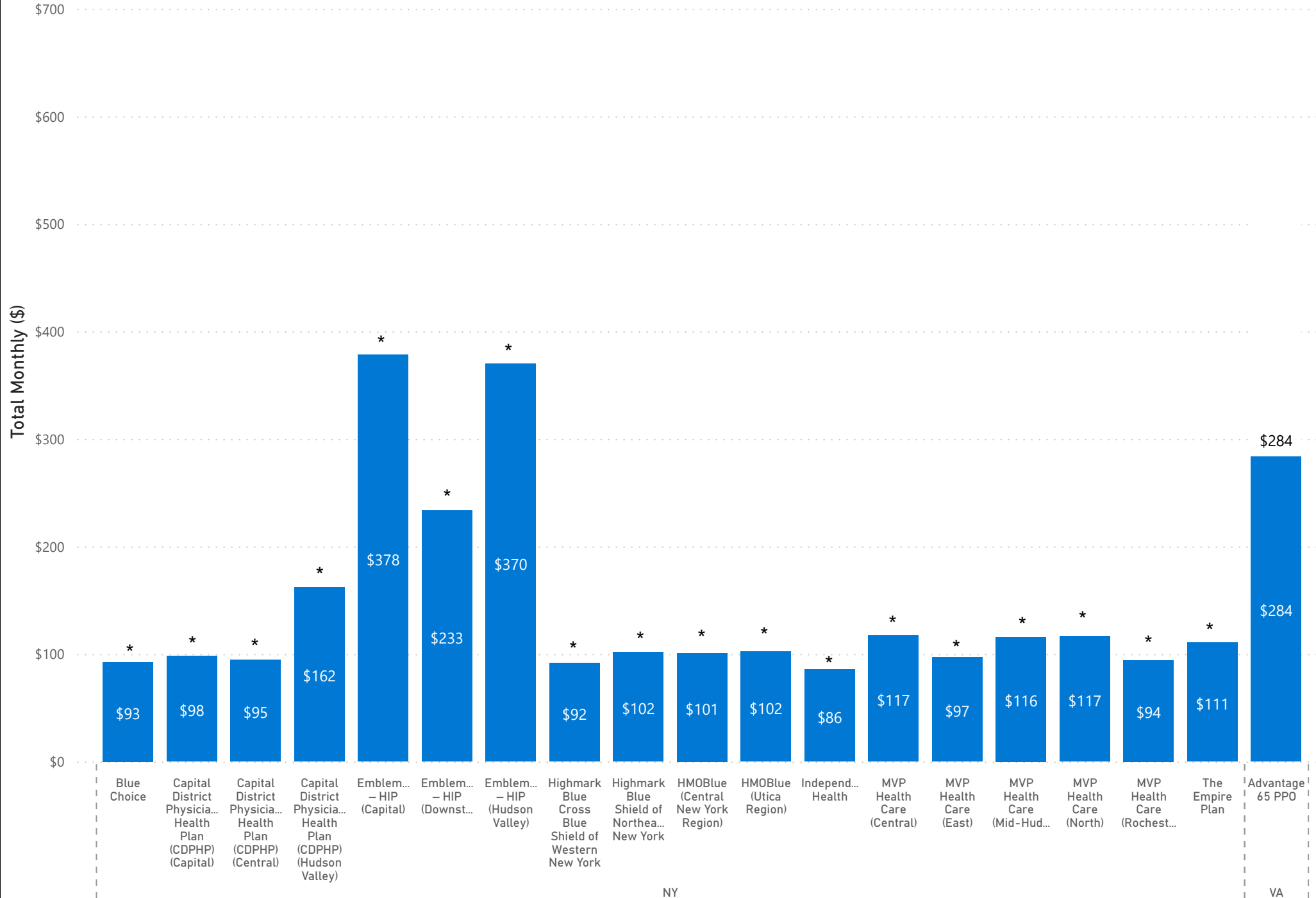
2023 Monthly Contribution (\$) by State and Option - States offering Medicare COB plans

● Retiree Monthly (\$) ● Employer Monthly (\$)



2023 Monthly Contribution (\$) by State and Option - States offering Medicare COB plans

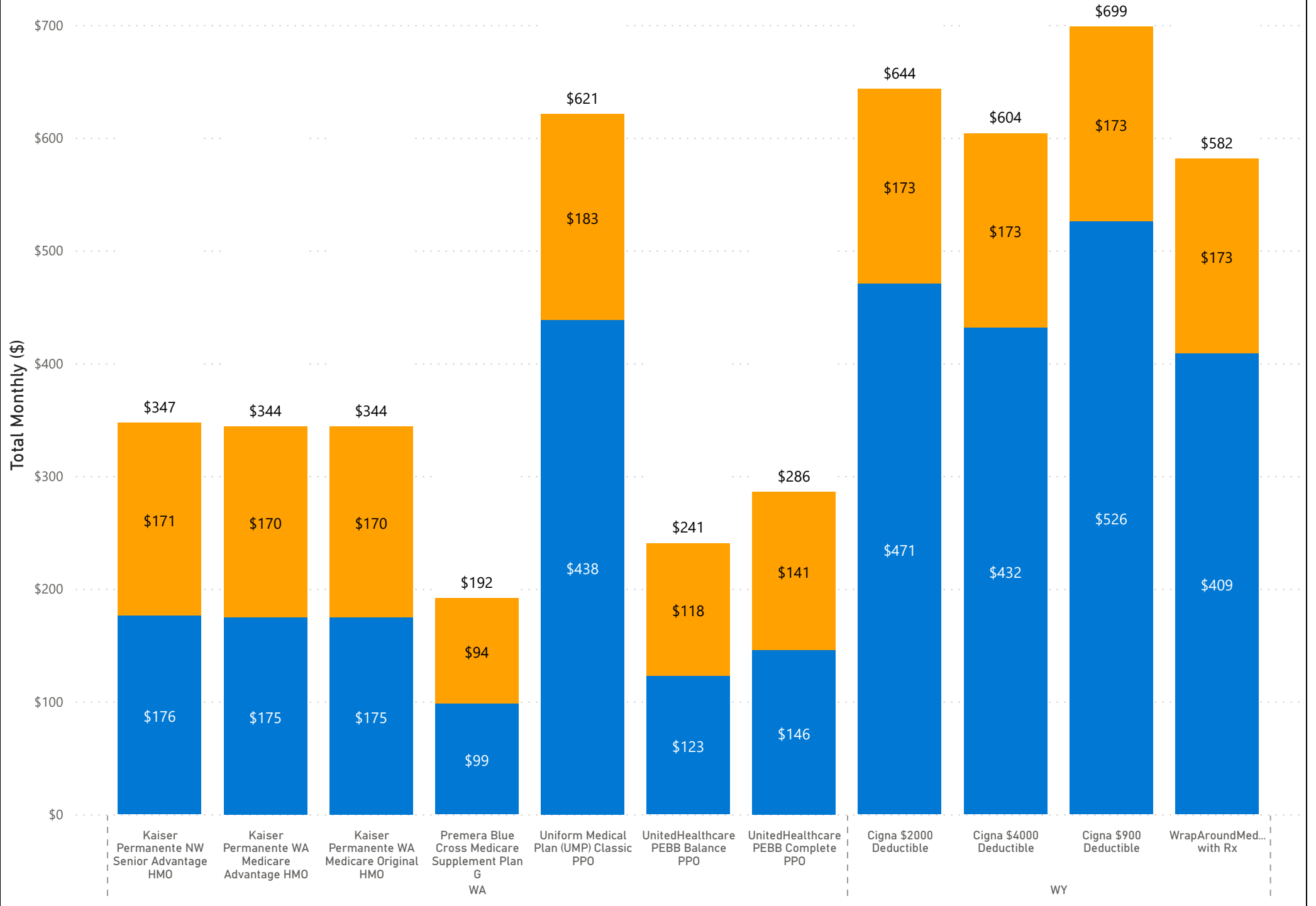
● Retiree Monthly (\$) ● Employer Monthly (\$)



* [Employer contributions amounts and therefore Total plan rates for plans offered by New York unknown]

2023 Monthly Contribution (\$) by State and Option - States offering Medicare COB plans

● Retiree Monthly (\$) ● Employer Monthly (\$)



2023 Monthly Contribution (\$) by State and Option - States offering Medicare COB plans

State	Option	Medicare Plan type	Retiree Monthly (\$)	Retiree Monthly (%)	Employer Monthly (\$)	Employer Monthly (%)	Total Monthly (\$)	Total Monthly (%)
AK	AlaskaCare DCR Aetna	Medicare Carve-Out Plan	\$32	10%	\$289	90%	\$321	100%
FL	Capital Health Plan Classic - MA-PD	Medicare Advantage	\$165	100%	\$0	0%	\$165	100%
	Capital Health Plan Retiree Advantage	Medicare Advantage	\$283	100%	\$0	0%	\$283	100%
	Humana MA-PD	Medicare Advantage	\$36	100%	\$0	0%	\$36	100%
	Self-Insured PPO/HMO - HDHP	Medicare Coordination of Benefits	\$324	100%	\$0	0%	\$324	100%
	Self-Insured PPO/HMO - Standard	Medicare Coordination of Benefits	\$430	100%	\$0	0%	\$430	100%
	UnitedHealthcare MA-PD	Medicare Advantage	\$195	100%	\$0	0%	\$195	100%
IA	Group Program F	Medicare Supplement	\$382	100%	\$0	0%	\$382	100%
	Group Program N	Medicare Supplement	\$287	100%	\$0	0%	\$287	100%
	Iowa Choice	Medicare Carve-Out Plan	\$530	100%	\$0	0%	\$530	100%
	National Choice	Medicare Carve-Out Plan	\$572	100%	\$0	0%	\$572	100%
MD	Carefirst BlueCross BlueShield EPO + CVS Caremark	Medicare Maintenance of Benefits	\$84	20%	\$334	80%	\$418	100%
	Carefirst BlueCross BlueShield PPO + CVS Caremark	Medicare Maintenance of Benefits	\$104	20%	\$414	80%	\$518	100%
	UnitedHealthcare EPO + CVS Caremark	Medicare Maintenance of Benefits	\$97	20%	\$388	80%	\$485	100%
	UnitedHealthcare PPO + CVS Caremark	Medicare Maintenance of Benefits	\$103	20%	\$411	80%	\$513	100%
MS	State Health Plan Select COB no Rx	Medicare Coordination of Benefits	\$213	100%	\$0	0%	\$213	100%
MT	State Medical Plan Medicare COB	Medicare Coordination of Benefits	\$484	100%	\$0	0%	\$484	100%
NC	70/30 PPO Plan for Medicare Retirees	Medicare Maintenance of Benefits	\$0	0%	\$414	100%	\$414	100%
	Humana Group Medicare Advantage (PPO) Base Plan (90/10)	Medicare Advantage	\$0	0%	\$4	100%	\$4	100%
	Humana Group Medicare Advantage PPO Enhanced Plan (90/10)	Medicare Advantage	\$73	100%	\$0	0%	\$73	100%

2023 Monthly Contribution (\$) by State and Option - States offering Medicare COB plans

State	Option	Medicare Plan type	Retiree Monthly (\$)	Retiree Monthly (%)	Employer Monthly (\$)	Employer Monthly (%)	Total Monthly (\$)	Total Monthly (%)
NY	Blue Choice	Medicare Advantage	\$93	--	--	--	--	--
	Capital District Physicians' Health Plan (CDPHP) (Capital)	Medicare Advantage	\$98	--	--	--	--	--
	Capital District Physicians' Health Plan (CDPHP) (Central)	Medicare Advantage	\$95	--	--	--	--	--
	Capital District Physicians' Health Plan (CDPHP) (Hudson Valley)	Medicare Advantage	\$162	--	--	--	--	--
	EmblemHealth – HIP (Capital)	Medicare Advantage	\$378	--	--	--	--	--
	EmblemHealth – HIP (Downstate)	Medicare Advantage	\$233	--	--	--	--	--
	EmblemHealth – HIP (Hudson Valley)	Medicare Advantage	\$370	--	--	--	--	--
	Highmark Blue Cross Blue Shield of Western New York	Medicare Advantage	\$92	--	--	--	--	--
	Highmark Blue Shield of Northeastern New York	Medicare Advantage	\$102	--	--	--	--	--
	HMOBlue (Central New York Region)	Medicare Advantage	\$101	--	--	--	--	--
	HMOBlue (Utica Region)	Medicare Advantage	\$102	--	--	--	--	--
	Independent Health	Medicare Advantage	\$86	--	--	--	--	--
	MVP Health Care (Central)	Medicare Advantage	\$117	--	--	--	--	--
	MVP Health Care (East)	Medicare Advantage	\$97	--	--	--	--	--
	MVP Health Care (Mid-Hudson)	Medicare Advantage	\$116	--	--	--	--	--
	MVP Health Care (North)	Medicare Advantage	\$117	--	--	--	--	--
MVP Health Care (Rochester)	Medicare Advantage	\$94	--	--	--	--	--	
The Empire Plan	Medicare Maintenance of Benefits	\$111	--	--	--	--	--	
VA	Advantage 65 PPO	Medicare Coordination of Benefits	\$284	100%	\$0	0%	\$284	100%

[--] denotes no data

2023 Monthly Contribution (\$) by State and Option - States offering Medicare COB plans

State	Option	Medicare Plan type	Retiree Monthly (\$)	Retiree Monthly (%)	Employer Monthly (\$)	Employer Monthly (%)	Total Monthly (\$)	Total Monthly (%)
WA	Kaiser Permanente NW Senior Advantage HMO	Medicare Advantage	\$176	51%	\$171	49%	\$347	100%
	Kaiser Permanente WA Medicare Advantage HMO	Medicare Advantage	\$175	51%	\$170	49%	\$344	100%
	Kaiser Permanente WA Medicare Original HMO	Medicare Coordination of Benefits	\$175	51%	\$170	49%	\$344	100%
	Premera Blue Cross Medicare Supplement Plan G	Medicare Supplement	\$99	51%	\$94	49%	\$192	100%
	Uniform Medical Plan (UMP) Classic PPO	Medicare Coordination of Benefits	\$438	71%	\$183	29%	\$621	100%
	UnitedHealthcare PEBB Balance PPO	Medicare Advantage	\$123	51%	\$118	49%	\$241	100%
	UnitedHealthcare PEBB Complete PPO	Medicare Advantage	\$146	51%	\$141	49%	\$286	100%
WY	Cigna \$2000 Deductible	Medicare Coordination of Benefits	\$471	73%	\$173	27%	\$644	100%
	Cigna \$4000 Deductible	Medicare Coordination of Benefits	\$432	71%	\$173	29%	\$604	100%
	Cigna \$900 Deductible	Medicare Coordination of Benefits	\$526	75%	\$173	25%	\$699	100%
	WrapAroundMedicare with Rx	Medicare Supplement	\$409	70%	\$173	30%	\$582	100%