



CHELAN COUNTY

2025 Medical Information

	PPO Plan	CDHP with HRAVEBA Contribution
	<i>In-network</i>	<i>In-network</i>
Deductible	\$300/\$900	\$1,250/\$2,500
Coinsurance	80/20	80/20
	\$1,300/\$3,900	\$3,300/\$6,600
Out-of-Pocket Maximum	Deductible counts toward Out-of-Pocket max	Deductible counts toward Out-of-Pocket max
HRA VEBA Contribution	\$200/month	\$1,250/1x annual + \$200/month
Provider Network	Premera PPO	Premera PPO
Physician	\$20 Copay	80/20 after deductible
Hospital		
Inpatient	80/20 after deductible	80/20 after deductible
Emergency	\$50 Copay	80/20 after deductible
OP Surgery	80/20 after deductible	80/20 after deductible
Prescription	\$10/\$25/\$40 Copay	80/20 after deductible
Preventative Care	100% (No Copay)	100% (No Deductible)
Chiropractic	\$20 Copay	80/20 after deductible
Vision Exam (1 per year)	\$20 Copay	80/20 after deductible
Vision Hardware (Over 19)	\$300 Hardware 2 years	\$300 Hardware 2 years
• Under age 19	Frames & lenses: 1 pair per year	Frames & lenses: 1 pair per year

This is not a contract. This is a summary of benefits.

2025 Rates



PPO Plan	Medical	Dental	Total per Paycheck	Annual Cost	CDHP Plan
Tiers and Rates					
Employee only	\$29.58	\$1.74	\$31.32	\$814.32	\$0
Employee + Spouse	\$62.13	\$3.64	\$65.77	\$1,710.02	\$0
Employee + Children	\$56.22	\$3.30	\$59.52	\$1,547.52	\$0
Employee + Family	\$88.76	\$5.20	\$93.96	\$2,442.96	\$0