GRAHAM BENEFITS PLAN

Scenarios for 2026 vs 2027 Plans

SCENARIO: BIRTH OF A CHILD

MILENDER WHITE

Estimated cost of care (assumed billed amounts):

- $45k | In-network hospital delivery & prenatal care
- Excludes cost of care for newborn

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	$500 / $1,000	$1,000 / $2,000	$2,000 / $4,000
Out-of-pocket max (EE / Family)	$2,000 / $4,000	$5,000 / $10,000	$3,000 / $6,000
EMPLOYEE ONLY			
Total Employee Cost	**$2,000**	**$5,000**	**$3,000**
Plan pays	$43,000	$40,000	$42,000
FAMILY			
Total Employee Cost	**N/A – embedded**	**N/A – embedded**	**$6,000**
Plan pays	–	–	$39,000

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Deductible (EE / Family)	$1,500 / $3,000	$4,000 / $8,000	$2,000 / $4,000	$250 / $500
Out-of-pocket max (EE / Family)	$5,000 / $10,000	$10,000 / $20,000	$4,000 / $8,000	$1,500 / $3,000
EMPLOYEE				
Total Employee Cost	**$5,000**	**$10,000**	**$4,000**	**$1,500**
Plan pays	$40,000	$35,000	$41,000	$43,500
FAMILY				
Total Employee Cost	**N/A – embedded**	**$15,400**	**$8,000**	**N/A – embedded**
Plan pays	–	$29,600	$37,000	–

Note: The HMO $300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).

SCENARIO: BROKEN LEG – EMERGENCY SURGERY

MILENDER WHITE

Estimated cost of care (assumed billed amounts):

- $25k | ER visit, emergency orthopedic surgery & facility

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	$500 / $1,000	$1,000 / $2,000	$2,000 / $4,000
Out-of-pocket max (EE / Family)	$2,000 / $4,000	$5,000 / $10,000	$3,000 / $6,000
EMPLOYEE ONLY			
Total Employee Cost	**$2,000**	**$5,000**	**$3,000**
Plan pays	$23,000	$20,000	$22,000
FAMILY			
Total Employee Cost	**N/A – embedded**	**N/A – embedded**	**$6,000**
Plan pays	–	–	$19,000

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Deductible (EE / Family)	$1,500 / $3,000	$4,000 / $8,000	$2,000 / $4,000	$250 / $500
Out-of-pocket max (EE / Family)	$5,000 / $10,000	$10,000 / $20,000	$4,000 / $8,000	$1,500 / $3,000
EMPLOYEE ONLY				
Total employee cost	**$5,000**	**$8,200**	**$4,000**	**$1,500**
Plan pays	$20,000	$16,800	$21,000	$23,500
FAMILY				
Total employee cost	**N/A – embedded**	**$11,400**	**$8,000**	**N/A – embedded**
Plan pays	–	$13,600	$17,000	–

SCENARIO: EMERGENCY ROOM VISIT

MILENDER WHITE

Estimated cost of care (assumed billed amounts):

- $3k | Single ER visit

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	$500 / $1,000	$1,000 / $2,000	$2,000 / $4,000
Out-of-pocket max (EE / Family)	$2,000 / $4,000	$5,000 / $10,000	$3,000 / $6,000
EMPLOYEE ONLY			
Total Employee Cost	**$250**	**$250**	**$2,100**
Plan pays	$2,750	$2,750	$900
FAMILY			
Total Employee Cost	**N/A – embedded**	**N/A – embedded**	**$3,000**
Plan pays	–	–	$0

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Deductible (EE / Family)	$1,500 / $3,000	$4,000 / $8,000	$2,000 / $4,000	$250 / $500
Out-of-pocket max (EE / Family)	$5,000 / $10,000	$10,000 / $20,000	$4,000 / $8,000	$1,500 / $3,000
EMPLOYEE ONLY				
Total employee cost	**$2,000**	**$3,000**	**$2,200**	**$615**
Plan pays	$1,000	$0	$800	$2,385
FAMILY				
Total employee cost	**N/A – embedded**	**$3,000**	**$3,000**	**N/A – embedded**
Plan pays	–	$0	$0	–

Note: For an emergency room visit, the ER copay applies in addition to the plan deductible and coinsurance, up to the out-of-pocket maximum. HDHP / HSA plans have no ER copay – the deductible and coinsurance apply. The ER copay is waived if the patient is admitted.

SCENARIO: ONGOING DIABETES MANAGEMENT

MILENDER WHITE

Estimated cost of care (assumed billed amounts):

- $6k/year | Visits, labs & prescriptions

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	$500 / $1,000	$1,000 / $2,000	$2,000 / $4,000
Out-of-pocket max (EE / Family)	$2,000 / $4,000	$5,000 / $10,000	$3,000 / $6,000
EMPLOYEE ONLY			
Total Employee Cost	**$380**	**$420**	**$2,400**
Plan pays	$5,620	$5,580	$3,600
FAMILY			
Total Employee Cost	**N/A – embedded**	**N/A – embedded**	**$4,200**
Plan pays	–	–	$1,800

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Deductible (EE / Family)	$1,500 / $3,000	$4,000 / $8,000	$2,000 / $4,000	$250 / $500
Out-of-pocket max (EE / Family)	$5,000 / $10,000	$10,000 / $20,000	$4,000 / $8,000	$1,500 / $3,000
EMPLOYEE ONLY				
Total employee cost	**$600**	**$4,400**	**$2,800**	**$300**
Plan pays	$5,400	$1,600	$3,200	$5,700
FAMILY				
Total employee cost	**N/A – embedded**	**$6,000**	**$4,400**	**N/A – embedded**
Plan pays	–	$0	$1,600	–

Note: Lab work is subject to coinsurance (deductible waived) on the PPO and HMO plans, not the office-visit copay.

SCENARIO: LONG-TERM ILLNESS / EXTENDED CARE

MILENDER WHITE

Estimated cost of care (assumed billed amounts):

- $120k/year | Major chronic illness requiring extended care

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	$500 / $1,000	$1,000 / $2,000	$2,000 / $4,000
Out-of-pocket max (EE / Family)	$2,000 / $4,000	$5,000 / $10,000	$3,000 / $6,000
EMPLOYEE ONLY			
Total Employee Cost	**$2,000**	**$5,000**	**$3,000**
Plan pays	$118,000	$115,000	$117,000
FAMILY			
Total Employee Cost	**N/A – embedded**	**N/A – embedded**	**$6,000**
Plan pays	–	–	$114,000

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Deductible (EE / Family)	$1,500 / $3,000	$4,000 / $8,000	$2,000 / $4,000	$250 / $500
Out-of-pocket max (EE / Family)	$5,000 / $10,000	$10,000 / $20,000	$4,000 / $8,000	$1,500 / $3,000
EMPLOYEE ONLY				
Total employee cost	**$5,000**	**$10,000**	**$4,000**	**$1,500**
Plan pays	$115,000	$110,000	$116,000	$118,000
FAMILY				
Total employee cost	**N/A – embedded**	**$20,000**	**$8,000**	**N/A – embedded**
Plan pays	–	$0	$112,000	–

Note: The HMO $300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).