Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

PPO Dental + Exam Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$457.00	-$884.00	-$1,225.00
C2000 with HRA	-$405.00	-$785.00	-$1,091.00
C3000 with HRA	-$245.00	-$480.00	-$674.00
H2000 with HSA	-$374.00	-$726.00	-$1,010.00
H2500 with HSA	-$203.00	-$401.00	-$565.00
H5000 with HSA	-$139.00	-$279.00	-$399.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

PPO Dental + Full Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$466.00	-$898.00	-$1,247.00
C2000 with HRA	-$414.00	-$799.00	-$1,113.00
C3000 with HRA	-$254.00	-$494.00	-$696.00
H2000 with HSA	-$383.00	-$740.00	-$1,032.00
H2500 with HSA	-$212.00	-$415.00	-$587.00
H5000 with HSA	-$148.00	-$293.00	-$421.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

PPO Dental + Premier Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$472.00	-$909.00	-$1,265.00
C2000 with HRA	-$420.00	-$810.00	-$1,131.00
C3000 with HRA	-$260.00	-$505.00	-$714.00
H2000 with HSA	-$389.00	-$751.00	-$1,050.00
H2500 with HSA	-$218.00	-$426.00	-$605.00
H5000 with HSA	-$154.00	-$304.00	-$439.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

No Dental + Exam Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$412.00	-$794.00	-$1,090.00
C2000 with HRA	-$360.00	-$695.00	-$956.00
C3000 with HRA	-$200.00	-$390.00	-$539.00
H2000 with HSA	-$329.00	-$636.00	-$875.00
H2500 with HSA	-$158.00	-$311.00	-$430.00
H5000 with HSA	-$94.00	-$189.00	-$264.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

No Dental + Premier Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$427.00	-$819.00	-$1,130.00
C2000 with HRA	-$375.00	-$720.00	-$996.00
C3000 with HRA	-$215.00	-$415.00	-$579.00
H2000 with HSA	-$344.00	-$661.00	-$915.00
H2500 with HSA	-$173.00	-$336.00	-$470.00
H5000 with HSA	-$109.00	-$214.00	-$304.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

No Dental + Full Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$421.00	-$808.00	-$1,112.00
C2000 with HRA	-$369.00	-$709.00	-$978.00
C3000 with HRA	-$209.00	-$404.00	-$561.00
H2000 with HSA	-$338.00	-$650.00	-$897.00
H2500 with HSA	-$167.00	-$325.00	-$452.00
H5000 with HSA	-$103.00	-$203.00	-$286.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

Passive PPO 2000 + Exam Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$467.00	-$904.00	-$1,255.00
C2000 with HRA	-$415.00	-$805.00	-$1,121.00
C3000 with HRA	-$255.00	-$500.00	-$704.00
H2000 with HSA	-$384.00	-$746.00	-$1,040.00
H2500 with HSA	-$213.00	-$421.00	-$595.00
H5000 with HSA	-$149.00	-$299.00	-$429.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

Passive PPO 2000 + Full Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$476.00	-$918.00	-$1,277.00
C2000 with HRA	-$424.00	-$819.00	-$1,143.00
C3000 with HRA	-$264.00	-$514.00	-$726.00
H2000 with HSA	-$393.00	-$760.00	-$1,062.00
H2500 with HSA	-$222.00	-$435.00	-$617.00
H5000 with HSA	-$158.00	-$313.00	-$451.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

Passive PPO 2000 + Premier Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$482.00	-$929.00	-$1,295.00
C2000 with HRA	-$430.00	-$830.00	-$1,161.00
C3000 with HRA	-$270.00	-$525.00	-$744.00
H2000 with HSA	-$399.00	-$771.00	-$1,080.00
H2500 with HSA	-$228.00	-$446.00	-$635.00
H5000 with HSA	-$164.00	-$324.00	-$469.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

HMO Dental + Exam Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$430.00	-$826.00	-$1,146.00
C2000 with HRA	-$378.00	-$727.00	-$1,012.00
C3000 with HRA	-$218.00	-$422.00	-$595.00
H2000 with HSA	-$347.00	-$668.00	-$931.00
H2500 with HSA	-$176.00	-$343.00	-$486.00
H5000 with HSA	-$112.00	-$221.00	-$320.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

HMO Dental + Full Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$439.00	-$840.00	-$1,168.00
C2000 with HRA	-$387.00	-$741.00	-$1,034.00
C3000 with HRA	-$227.00	-$436.00	-$617.00
H2000 with HSA	-$356.00	-$682.00	-$953.00
H2500 with HSA	-$185.00	-$357.00	-$508.00
H5000 with HSA	-$121.00	-$235.00	-$342.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.

Wespath
BENEFITS | INVESTMENTS

HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

HMO Dental + Premier Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-$445.00	-$851.00	-$1,186.00
C2000 with HRA	-$393.00	-$752.00	-$1,052.00
C3000 with HRA	-$233.00	-$447.00	-$635.00
H2000 with HSA	-$362.00	-$693.00	-$971.00
H2500 with HSA	-$191.00	-$368.00	-$526.00
H5000 with HSA	-$127.00	-$246.00	-$360.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.