In Sound Health
Your Source for How to LiveWell

Have Medical Questions?
Confidentially speak with a registered nurse 24/7.
See page 7 to learn more.

Finding Your HRA Online

1. Your Health Reimbursement Arrangement Online
2. What Preventive Care You Need and When
3. Take the Right Steps After a Hospital Stay
4. Doctor’s Office, Urgent Care or Emergency Room?
5. Custom Tailored Health Care
6. Trust Sponsored LiveWell Wellness Programs
7. LiveWell Fit Calendar
THE RIGHT LEVEL OF HEALTH CARE

June 2013

We all want to make sure we, and our family members, are getting the right level of health care. It’s how we help ourselves stay well and avoid complications from any health concerns we’re facing. But it’s not always easy to know if you’re getting the care you need - not too much and not too little. Knowing your health care options can help you save time and money and help you get better, faster. Plus, it keeps costs down for everyone.

In this edition of In Sound Health, we take a look at ways you can improve the care you and your family members receive, while also empowering you to ask the right questions when you’re faced with health care choices. From getting the right preventive care, to avoiding being readmitted to the hospital once you’ve gone home, this edition is a helpful resource to everyone - whether you’re a caregiver or receiving care yourself.

FINDING YOUR HRA INFORMATION ONLINE

You can access your secure and private Health Reimbursement Arrangement (HRA) account information online by logging onto the Trust’s website at www.soundhealthwellness.com. Learn how much you have in your account, what health-related actions you have completed, what claims have been paid and more.

Here is what you’ll find:

- A quick glance at the amount currently available in your HRA.
- How much HRA funding you have earned per year and who earned it.
- A list of medical claims that have been paid by your HRA since 11/23/2012.
- The health-related actions that you’ve completed (like getting a physical or flu shot) that contribute to your HRA funding, listed by year.

Remember, eligible participants have the opportunity this year to fund their January 1, 2014 HRA for up to $500 for employee-only coverage and up to $1,000 for family coverage by completing a variety of health-related actions. The funds in your HRA are used to cover the first eligible medical expenses covered by the plan in each calendar year. This can include your doctor office visits, lab tests, or other eligible, covered medical expenses.
STAY ON TOP OF YOUR HEALTH
WHAT PREVENTIVE CARE DO YOU NEED AND WHEN DO YOU NEED IT?

Preventive care focuses on evaluating your health when you are symptom-free. Routine checkups and screenings can help you avoid more serious health concerns, including those that come with any chronic conditions you are experiencing. This chart can give you some idea of what preventive care you should expect when you visit your doctor. Knowing your health history and other risks will help your doctor determine your particular care.

To make sure you get the screenings you may need and to keep you and your loved ones healthy, Trust participants’ covered eligible in-network preventive care is paid in full by the Trust—with no deductibles, co-insurance or co-pays.

<table>
<thead>
<tr>
<th>PREVENTIVE SCREENING</th>
<th>PPO PLAN COVERED BY PREVENTION @ 100%*</th>
<th>GROUP HEALTH OPTIONS PLAN COVERED BY PREVENTION @ 100%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-adult physicals, including blood pressure, height, weight and cholesterol</td>
<td>One exam per calendar year. Includes laboratory and X-ray services when ordered by a physician</td>
<td>One exam per calendar year, includes laboratory and X-ray services when ordered by a physician</td>
</tr>
<tr>
<td>Mammograms</td>
<td>Once every two calendar years, under age 40 Once every calendar year, age 40 and over</td>
<td>Once every two calendar years, under age 40 Once every calendar year, age 40 and over</td>
</tr>
<tr>
<td>Routine Pap and pelvic exam</td>
<td>One exam per calendar year</td>
<td>One exam every 3 years</td>
</tr>
<tr>
<td>Routine prostate exam</td>
<td>One exam per calendar year</td>
<td>One exam per calendar year</td>
</tr>
<tr>
<td>Prostate specific antigen (PSA) screening</td>
<td>One exam per calendar year</td>
<td>One exam per calendar year</td>
</tr>
<tr>
<td>Prostate cancer screening</td>
<td>Once every calendar year, age 50 and over</td>
<td>Once every calendar year, age 50 and over</td>
</tr>
<tr>
<td>Heart scan, bone density testing</td>
<td>Covered if physician considers tests reasonable and medically necessary, and if not normally performed in a covered doctor’s office or as part of a routine physical exam</td>
<td>Covered if physician considers tests reasonable and medically necessary, and if not normally performed in a covered doctor’s office or as part of a routine physical exam</td>
</tr>
<tr>
<td>Routine colon/rectal exam</td>
<td>Once every two calendar years, under age 50 Once every calendar year, age 50 and over</td>
<td>Once every five calendar years, under age 50 Once every calendar year, age 50 and over</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Every 10 years</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>Once every calendar year, age 50 and over</td>
<td>Once every 3-5 years, age 50 and older</td>
</tr>
<tr>
<td>Immuncinations</td>
<td>As needed or prescribed</td>
<td>As needed or prescribed</td>
</tr>
<tr>
<td>Flu shots</td>
<td>Once every calendar year</td>
<td>Once every calendar year</td>
</tr>
</tbody>
</table>

*Prevention is covered at 100% when you visit an eligible Provider. Certain guidelines may apply and coverage may vary. Please refer to your Summary Plan Description booklet for full details.

YOUR HEALTH BENEFITS

📅 When can I make changes to who is covered under my plan?

Once you are eligible for benefits under your Trust health care plan, there are certain times and circumstances where you may make changes:

📅 Annual open enrollment that occurs in the Fall. At that time you may make plan changes and add/or remove dependents effective January 1 of the coming year.

📅 If you need to remove dependents you may do this only during annual open enrollment in the Fall, with the exception of cases of divorce or a child no longer meeting the definition of a covered dependent.

📅 If you marry or have a child during the year, you must notify the Trust Office within 60 days of the event. Newborn children are covered from the date of birth. However, new spouses or other newly acquired covered dependents, such as stepchildren, become covered the first day of the month after the event.

You may be requested to provide additional documentation when you are adding or removing dependents from your plan. Please refer to your Summary Plan Description booklet for full details on coverage. Call the Trust Office with any questions at (800) 225-7620 option 2 then option 2 again.

CALL THE NURSE LINE 24/7: PPO (877) 362-9969 GHO (800) 297-6877
**TAKE THE RIGHT STEPS AFTER A HOSPITAL STAY**

HOW TO AVOID BEING READMITTED

Leaving the hospital sounds simple. But all too often, people can find themselves back at the hospital within only a few weeks. With better planning and better communication, many of these return visits can be avoided.

**Why It Could Happen to You**

- You may not be clear about what medicines you should take and when to take them.
- Important information may not make it from the hospital to you or your primary care providers.
- You may have trouble scheduling needed follow-up appointments or getting to the pharmacy.
- You and your primary care providers may not get important test results in time.
- Your family members may not be able to care for you at home.

**What You Should Do**

- **Ask and ask again** – Don’t be afraid to bother doctors, nurses and pharmacists with questions and concerns.
- **Say it back** – Repeat the instructions you get in the hospital back to your doctors and nurses to make sure you understand them.
- **Have a discharge plan** – Make sure you leave the hospital with a detailed, written plan that includes:
  - A schedule of follow-up appointments.
  - A list of your medical problems.
  - A list of your medications, including when to take them and for how long, and any possible side effects.
  - A list of equipment you might need, such as a cane or wheelchair. Try to make sure any changes to your home, such as grab bars in the bathroom, have been made or scheduled.
- **Manage your medications** – Many people end up back in the hospital because of medication problems. Doctors need to know all the medications you are taking — prescription, over the counter, and vitamins and supplements — to avoid mix-ups and duplications. Get clear oral and written instructions, and then have a family member or friend help go over your medications and ask questions.
- **Keep appointments** – See your primary care provider or specialist as directed after leaving the hospital. Bring your plan, medications, and medication list to each appointment. If you don’t have a doctor or don’t know how to reach the needed specialist, ask hospital staff to set you up with one.
- **Know what to do if you don’t feel well** – Know the danger signs for your condition and what you’ll do if your symptoms get worse. Know who to call during the day, at night and on weekends.

Source: The Robert Wood Johnson Foundation's Care About Your Care campaign

---

**PENNE WITH FRESH TOMATO SAUCE**

A SIMPLE WAY TO CELEBRATE SUMMER’S BOUNTY

1/2 package dry penne pasta (about 8 ounces)
4 Roma (plum) tomatoes, diced
1/4 cup Italian dressing
2 Tbsp finely chopped fresh basil
2 Tbsp diced red onion
2 Tbsp grated Parmesan cheese

Bring a large pot of lightly salted water to a boil. Place the penne pasta in the pot, cook 10 minutes, until al dente, and drain.

In a large bowl, toss the cooked pasta with the tomatoes, Italian dressing, basil, red onion and Parmesan cheese. Serve immediately.

SERVES 4. PER SERVING:

- 257 calories
- 9.8 g protein
- 46.9 g carbohydrate
- 3.1 g fat
- 3.4 g fiber
- 248 mg sodium

Source: AllRecipes.com

---

**NEED ADVICE?**

With the Trust-sponsored Nurse Line you have a nurse on-call 24/7. Whether you need advice for self-care or need to determine what treatment to seek and where, our nurses have you covered. Any information you share is kept completely confidential.

The LiveWell Nurse Line for PPO and Retiree: (877) 362-9969
The Group Health Consulting Nurse helpline: (800) 297-6877
DOCTOR’S OFFICE, URGENT CARE OR ER?
HOW TO CHOOSE THE SETTING FOR YOUR CARE

When illness, accidents and injuries happen, where should you go for care — your doctor’s office, urgent care clinic or emergency room (ER)? Where you go for care matters. For most medical problems you should go to your regular health care provider first. You get the best care because they know you and your medical history. But if you are unsure, here are some tips to help you decide. Remember, no matter where you go for care, be sure to bring a list of the current medications you are taking.

Doctor’s Office or Clinic
The best place to get care is a doctor’s office or clinic for common illnesses, minor injuries, and routine health exams. Your doctor can also help you manage your health over time.

You should make an appointment with your doctor’s office for:
- Common illnesses such as colds, flu, earaches, sore throats, migraines, fever or rashes.
- Minor injuries such as sprains, back pain, minor cuts and burns, minor broken bones or minor eye injuries.
- Regular physicals, prescription refills, vaccinations and screenings.
- Health concerns for which you need advice.

Urgent Care Clinics
Urgent care clinics provide attention for non-life threatening medical problems or problems that could become worse if you wait. This is a good option when your doctor is not available and you, or a Nurse Line nurse feel that you cannot wait to see your regular provider. Urgent care clinics provide walk-in appointments and are often open seven days a week with extended hours. When your regular doctor or health care provider is not available, you should go to an urgent care clinic for:
- Common illnesses such as colds, flu, earaches, sore throats, migraines, fever or rashes.
- Minor injuries such as sprains, back pain, minor cuts and burns, minor broken bones or minor eye injuries.

Hospital Emergency Rooms
Hospital emergency rooms are only for very serious or life-threatening problems. If you are not experiencing a true emergency, you should visit your regular provider or urgent care. ER visits can be very time consuming and costly (your ER co-pay is $100, in addition to your deductible and co-insurance) and you will not have the comfort of being seen by a doctor who knows you and your situation. That said, if you are experiencing any of the following symptoms, then please don’t wait! Call 9-1-1 or get to your nearest hospital emergency room.
- Chest pain.
- Severe abdominal pain.
- Coughing or vomiting blood.
- Severe burns.
- Deep cuts or bleeding that won’t stop.
- Sudden blurred vision.
- Difficulty breathing or shortness of breath.
- Sudden dizziness, weakness, or loss of coordination or balance.
- Numbness in the face, arm, or leg.
- Sudden, severe headache (not a migraine).
- Seizures.
- High fevers.
- Any other condition you believe is life threatening.

Source: “ER is for Emergencies,” Washington State Medical Association (https://www.wsma.org/er-for-emergencies)

Need Help Knowing What To Do?
Get advice from a registered nurse 24 hours a day, 7 days a week.

PPO Participants
Call (877) 362-9969

Group Health Options Participants
Call (800) 297-6877
WHAT IS A HEALTH ADVOCATE?
HELP FOR WHEN YOU NEED ANOTHER SET OF EARS

You may have heard the term “health advocate” before, but what does that mean? A health advocate is a family member, friend, trusted coworker, or a hired professional who can ask questions, write down information and speak up for you during a medical crisis, so you can better understand your illness and get the care and resources you need.

Can’t you do this for yourself? Of course, listening carefully to your doctor and asking questions about a diagnosis or test result can help you get better care. But if you are in shock or feeling stunned by the news you have received, you may not be able to follow the information or pay close attention to what your doctor is saying.

An advocate can receive that information for you and ask the questions you might have later, so you can stay focused on your options and recovery.

Research shows that quality health care means taking an active role in decisions about your care. If you’re facing a difficult medical decision or diagnosis, it’s a good idea to bring someone with you who can help you take an active role in your care, especially when you may not be fully up to it.

Sourced from: “Why It’s Wise to Use a Health Advocate” from the Agency for Healthcare Research and Quality.

TAILORED HEALTH CARE
FOR PPO PARTICIPANTS
SUPPORT FOR PEOPLE WITH ONGOING CONDITIONS

If you have a chronic or complex medical condition, you know how much goes into managing your health. It can be costly, time consuming and stressful. The Trust is committed to helping you with your condition and to helping you get the right care at the right time. For eligible PPO plan participants who have been diagnosed with a chronic or complex condition, you may be invited in to a no-cost program called Personal Care Team.

The Personal Care Team program is designed for people who may require more custom-tailored health care. The program matches you with a medical team at designated clinics - including a primary care physician (PCP) and your own nurse health coach - who meet with you one-on-one to establish individual health goals and make sure that you receive premium care.

The program is completely voluntary and confidential. By participating you will benefit from:

- A doctor who knows you well, and takes enough time during your visits to understand your concerns and answer your questions.
- VIP treatment with quicker responses to your telephone calls on nights and weekends.
- A certified nurse health coach who will work with you one on one to help you set and meet personal health goals.
- Same or next day appointments and shorter wait times.
- No cost examinations and treatment with your PCP at a participating clinic.
- The opportunity to earn $150 in your 2014 Health Reimbursement Arrangement (HRA) funding, if eligible for a HRA.

The Personal Care Team program is by invitation only. If you qualify you will receive a letter from the Trust and/or a phone call inviting you to participate. The Personal Care Team program is a wonderful opportunity for people with chronic and ongoing complex medical conditions to get the support they need in managing their health. To learn more about this program you may call the Trust at (800) 225-7620, option 2 then option 1.

WHAT IS A HEALTH ADVOCATE?
HELP FOR WHEN YOU NEED ANOTHER SET OF EARS

You may have heard the term “health advocate” before, but what does that mean? A health advocate is a family member, friend, trusted coworker, or a hired professional who can ask questions, write down information and speak up for you during a medical crisis, so you can better understand your illness and get the care and resources you need.

Can’t you do this for yourself? Of course, listening carefully to your doctor and asking questions about a diagnosis or test result can help you get better care. But if you are in shock or feeling stunned by the news you have received, you may not be able to follow the information or pay close attention to what your doctor is saying.

An advocate can receive that information for you and ask the questions you might have later, so you can stay focused on your options and recovery.

Research shows that quality health care means taking an active role in decisions about your care. If you’re facing a difficult medical decision or diagnosis, it’s a good idea to bring someone with you who can help you take an active role in your care, especially when you may not be fully up to it.

Sourced from: “Why It’s Wise to Use a Health Advocate” from the Agency for Healthcare Research and Quality.

DO YOU NEED HELP WITH YOUR MEDICAL SITUATION? FIND A HEALTH ADVOCATE NEAR YOU.

Allied Health Advocates
www.ahadvocates.com

RN Patient Advocates
www.patientadvocates.com

RN Patient Advocates of Puget Sound
www.rnpa-pugetsound.com

WWW.SOUNDHEALTHWELLNESS.COM
TRUST SPONSORED WELLNESS PROGRAMS

The confidential LiveWell wellness programs are available to all eligible Sound Health & Wellness Trust participants and your eligible spouse, 18 years of age and older. The LiveWell programs are a revolutionary benefit that gives you and your family direct access to the medical expertise, information and personalized support you need to make better health decisions and enjoy a healthier, happier life.

Nurse Line for PPO & Retiree:
(877) 362-9969 Option 1
Consulting Nurse helpline for GHO:
(800) 297-6877

Call the nurse line 24 hours a day, 7 days a week. A knowledgeable registered nurse will help you find the information you need to make informed health decisions, navigate the healthcare system, get guidance about medical procedures, and find a healthcare provider.

Health Coaching for PPO & Retiree:
(877) 362-9969 Option 3
Lifestyle Coaching for GHO:
(800) 816-3306
Health Coaching for PPO and Retiree plan participants, and Lifestyle Coaching for Group Health Options plan participants, are phone-based health education programs designed to help you set and meet goals to improve your health and wellbeing. You will receive information, telephone support, and encouragement as you work toward your goals with exercise, nutrition and stress.

Quit For Life® for PPO, GHO & Retiree:
(877) 362-9969 Option 4
Quit For Life is a tobacco cessation program, where participants work one-on-one over the phone with Quit Coaches®. You will receive personalized guidance, support, encouragement and useful resources to help you stay on track. You could even qualify for no-cost nicotine patches or gum.

Weight Watchers® PPO, GHO & Retiree:
(800) 767-5154
With Weight Watchers you’ll learn how to eat right and live healthy. You have the choice of attending in-person meetings or managing your weight loss online. With either option, you’ll pay just half of the Trust’s special price, and you could get up to nine months at no cost.

LiveWell Fit for PPO, GHO & Retiree:
(800) 225-7620 Option 2, then 5
Walk, run, bike, or stroll with LiveWell Fit. The Trust wants to support you as you participate in selected local exercise events by reimbursing participants and their eligible family members in up to four events per calendar year. Go online for a complete listing of events.

Condition Management for PPO & Retiree:
(877) 362-9969 Option 2
Custom-tailored condition management services are available for participants who have been diagnosed with conditions such as asthma, COPD, heart disease and diabetes. You’ll receive information in the mail or work one-on-one with a personal nurse advocate to improve both your health and your quality of life.

Chronic Conditions Workshops for GHO:
(800) 992-2279
The Living Well with Chronic Conditions program is a series of workshops that provide proven benefits for people living with one or more chronic conditions. The program increases confidence in managing chronic conditions, improves health status, and reduces healthcare use and costs.

Visit soundhealthwellness.com to find out more about these programs and the many other LiveWell wellness programs and benefits, such as:
• Personal Health Assessment (PHA) and Health Profile
• Prevention @ 100%
• Tier 0 Prescriptions
• Health Reimbursement Arrangement (HRA)

YOUR PRIVACY IS IMPORTANT

Your health information is completely confidential, protected by federal law, and cannot be shared with the Trustees, your union or your employer without your permission.

All LiveWell wellness programs are provided and managed by independent service providers contracted by the Trust. The information on your health status and conditions, your medical and prescription drug claims, and the information you may provide when participating is only used to offer you programs that could help you meet your health and wellness goals.

By law, your health information cannot be used to determine or deny health care coverage.
The Sharma family after running the Kirkland Half Marathon and 5K last summer.

This newsletter provides a general overview of plan benefits. Please refer to your Plan Booklet for specifics about covered expenses as well as exclusions and limitations. The information in this publication is meant to complement the advice of your healthcare providers, not to replace it. Before making any major changes in your medications, diet, or exercise, talk to your doctor.

SUMMER IS THE BEST TIME TO GET OUT AND MOVE

We are at the peak season for walks and runs in the Pacific Northwest, and there are a lot of LiveWell Fit events to choose from! Registering yourself and eligible family members for a walk, a bicycle race, or run is a great way to spend some time together and outside, while building healthy habits.

Bring a Buddy – When you bring an eligible Trust employee or spouse who is 18 years or older, to compete in their first LiveWell Fit event with you, you and your buddy will be entered to win a $300 VISA gift card.

With LiveWell Fit the Trust will reimburse participants and covered family members’ registration fees in up to four approved LiveWell Fit events per calendar year. Some restrictions apply. For more information and to view the entire LiveWell Fit event list visit www.soundhealthwellness.com.

Look for the This Counts icon throughout the year to see what counts toward up to $150 in 2014 HRA funding.

LiveWell Fit Calendar

<table>
<thead>
<tr>
<th>DATE</th>
<th>CITY</th>
<th>EVENT NAME &amp; DESCRIPTION</th>
<th>REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUNE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/22</td>
<td>Long Beach</td>
<td>Beach to Chowder Run/Walk - 6.2 or 3.1 mile walk/run</td>
<td>$20</td>
</tr>
<tr>
<td>6/22</td>
<td>Seattle</td>
<td>Seattle Rock 'n' Roll Marathon - 26.2 or 13.1 mile run</td>
<td>$95-$150</td>
</tr>
<tr>
<td>6/30</td>
<td>Puyallup</td>
<td>Tour de Pierce - 12, 30, 50 mile bike ride</td>
<td>$12</td>
</tr>
<tr>
<td>7/13</td>
<td>Kent</td>
<td>Kent Cornucopia Days - 3.1 mile walk/run</td>
<td>$25</td>
</tr>
<tr>
<td>7/14</td>
<td>Seattle</td>
<td>See Jane Run - Women's 13.1 mi run, 3.1 mi run/walk, Kids Run</td>
<td>$15-$75</td>
</tr>
<tr>
<td>7/20</td>
<td>Seattle</td>
<td>Refuse to Abuse - 3.1 mile walk/run</td>
<td>$50</td>
</tr>
<tr>
<td>7/20</td>
<td>Olympia</td>
<td>Lakefair Run - 13.1, 4.96 or 1.86 mile walk/run</td>
<td>$10-$70</td>
</tr>
<tr>
<td>7/20</td>
<td>Vashon Island</td>
<td>Bill Burby Inspirational - 6.2 or 3.1 mile run, 3.1 mile walk</td>
<td>$20</td>
</tr>
<tr>
<td>7/21</td>
<td>Seattle</td>
<td>SummerRun - 3.1 mile walk/run</td>
<td>$20-$35</td>
</tr>
<tr>
<td>7/21</td>
<td>Bainbridge Island</td>
<td>Alderdash - 6.2 or 3.1 mile walk/run</td>
<td>$20-$50</td>
</tr>
<tr>
<td>7/27</td>
<td>Seattle</td>
<td>Seafair Torchlight Run - 4.96 mile run, 3.1 mile walk/run</td>
<td>$25-$35</td>
</tr>
<tr>
<td>7/27</td>
<td>Silverdale</td>
<td>Whale of a Run - 4 or 1 mile walk/run</td>
<td>$15-$25</td>
</tr>
<tr>
<td>7/27</td>
<td>Anacortes</td>
<td>Anacortes Art Dash - 13.1, 6.2 or 3.1 mile walk/run</td>
<td>$20-$50</td>
</tr>
<tr>
<td>AUGUST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/3</td>
<td>Tacoma</td>
<td>Tacoma Narrows Half - 13.1 mile walk/run</td>
<td>$60-$95</td>
</tr>
<tr>
<td>8/10</td>
<td>Redmond</td>
<td>Color Me Rad - 3.1 mile run/walk</td>
<td>$30-$50</td>
</tr>
<tr>
<td>8/10</td>
<td>Westport</td>
<td>Run for the Light - 5 mile run/walk</td>
<td>$20-$25</td>
</tr>
<tr>
<td>8/11</td>
<td>North Bend</td>
<td>Tour de Peaks - 100, 50, or 25 mile bike ride</td>
<td>$25-$35</td>
</tr>
<tr>
<td>8/11</td>
<td>Seattle</td>
<td>Great Kilted Run - 3.1 mile run/walk</td>
<td>$30-$40</td>
</tr>
<tr>
<td>8/16</td>
<td>Puyallup</td>
<td>Electric Run - 3.1 mile run/walk</td>
<td>$40-$65</td>
</tr>
<tr>
<td>8/16 &amp; 17</td>
<td>Seattle</td>
<td>RSVP: Ride Seattle to Vancouver (B.C.) - 188 mile bike ride (seattle to vancouver BC)</td>
<td>$100-$115</td>
</tr>
<tr>
<td>8/24</td>
<td>Olympia</td>
<td>Run for Your Lives - 3.1 mile run/walk obstacle race</td>
<td>$67-$97</td>
</tr>
<tr>
<td>8/24</td>
<td>Issaquah</td>
<td>Lake Sammamish Sprint Triathlon - 1/4 mile swim, 14 mile bike, 3.2 mile run</td>
<td>$40-$105</td>
</tr>
<tr>
<td>8/24</td>
<td>Mukilteo</td>
<td>Run-A-Muk - 6.2 or 3.1 mile walk/run</td>
<td>$30</td>
</tr>
<tr>
<td>8/31</td>
<td>Bonney Lake</td>
<td>Labor of Love Triathlon - Olympic Tri .9 mile swim, 22.2 mile bike, 6.2 mile run/ Sprint Tri .32 mile swim, 12.2 mile bike, 3.1 mile run</td>
<td>$60-$75</td>
</tr>
</tbody>
</table>