

Regence - Medical	Deductible (Indiv/Fam)	Coinsurance	Out of Pocket (Indiv/Fam)	Office Visit Copay	ER Copay	Prescription Drugs
PPO Plan A						
PPO Plan A \$500	\$500/\$1500	80%/60%	\$2500/\$7500	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$1000	\$1000/\$3000	80%/60%	\$3000/\$9000	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$1500	\$1500/\$4500	80%/60%	\$3500/\$10500	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$2000	\$2000/\$6000	80%/60%	\$4000/\$12000	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$2500	\$2500/\$7500	80%/60%	\$5000/\$10000	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$3500	\$3500/\$7000	80%/60%	\$6500/\$13000	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$5000	\$5000/\$10000	80%/60%	\$6500/\$13000	\$25	\$250	\$15/\$35/\$75
PPO Plan B						
PPO Plan B \$500	\$500/\$1500	70%/50%	\$3500/\$10500	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$1000	\$1000/\$3000	70%/50%	\$4000/\$12000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$1500	\$1500/\$4500	70%/50%	\$4500/\$9000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$2000	\$2000/\$4000	70%/50%	\$6000/\$12000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$2500	\$2500/\$5000	70%/50%	\$7500/\$15000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$3500	\$3500/\$7000	70%/50%	\$7500/\$15000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$5000	\$5000/\$10000	70%/50%	\$7500/\$15000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$7000	\$7000/\$14000	70%/50%	\$7500/\$15000	\$25	\$250	\$15/\$35/\$75
PPO Plan C						
PPO Plan C \$2500	\$2500/\$5000	70%/50%	\$7350/\$14700	\$35/\$45	\$250	\$4/25%/\$25/50%/20%/50%
PPO Plan C \$3000	\$3000/\$6000	70%/50%	\$7350/\$14700	\$35/\$45	\$250	\$4/25%/\$25/50%/20%/50%
PPO Plan C \$4000	\$4000/\$8000	70%/50%	\$7350/\$14700	\$35/\$45	\$250	\$4/25%/\$25/50%/20%/50%
PPO Plan C \$5500	\$5500/\$11000	70%/50%	\$7350/\$14700	\$35/\$45	\$250	\$4/25%/\$25/50%/20%/50%
PPO Plan C \$7000	\$7000/\$14000	70%/50%	\$8150/\$16300	\$35/\$45	\$250	\$4/25%/\$25/50%/20%/50%
PPO Plan D HSA						
PPO Plan D \$1600	\$1600/\$3200	80%/60%	\$5000/\$10000	n/a	n/a	80%
PPO Plan D \$2500	\$2500/\$5000	80%/60%	\$5000/\$10000	n/a	n/a	80%
PPO Plan D \$3500	\$3500/\$7000	80%/60%	\$5000/\$10000	n/a	n/a	80%
PPO Plan D \$5000	\$5000/\$10000	80%/60%	\$6350/\$12700	n/a	n/a	80%
Uprise Health - Employee Assistance Program						
3-Visit Model			3 face-to-face visits			
6-Visit Model			6 face-to-face visits			
LifeMap Assurance Company - Life & AD&D						
Plan A			\$10,000 of Basic Life and AD&D coverage			
Plan B			\$15,000 of Basic Life and AD&D coverage			
Plan C			\$25,000 of Basic Life and AD&D coverage			
VSP - Vision						
	Copay Exam Material		Frequency Lenses Frames Contacts			Allowance
Plan 1	\$10 \$10		12 12 24			\$150
Plan 2	\$10 \$10		12 12 12			\$200
Plan 3	\$10 \$10		12 12 12			\$200
+ ProTec Safety Glasses (employee only)	\$10		12 12 12			n/a
Delta Dental of Washington - Dental						
<i>Uncommon Enrollment Allowed: requires a minimum of 2+ employees and 51% employee participation</i>						
Plan 1	Deductible (Indiv/Fam)	Coinsurance PPO	Coinsurance Premier	Calendar Year Maximum		
Plan 1	\$50/\$150	100%/90%/50%	100%/80%/50%	\$1,000		
Plan 2	\$25/\$75	100%/90%/50%	100%/80%/50%	\$2,000		
Plan 3	\$50/\$150	100%/80%/50%	100%/80%/50%	\$1,000		
Plan 4	\$25/\$75	100%/90%/50%	80%/70%/40%	\$1,500		
Family Orthodontic Coverage (10+ Employees)	\$0	50%	50%	\$1,000 Lifetime		

