

Premera Medical All PPO Plans Available on Heritage and Heritage Prime Networks All HMO Plans Available on HMO Network Only	Deductible (Individual/Family)	Coinsurance	Out of Pocket (Individual/Family)	Office Visit Copay	Prescription Drugs (Retail)
80 Series 80% Copay Plans					Preferred Formulary: Generic Pref Brand Non-Pref Brand Specialty
PPO 80 250	\$250 \$500	80% 50%	\$4,500 \$9,000	\$30	\$10 \$40 \$70 \$250
PPO 80 500	\$500 \$1,000	80% 50%	\$4,500 \$9,000	\$30	\$10 \$40 \$70 \$250
PPO 80 750	\$750 \$1,500	80% 50%	\$4,500 \$9,000	\$30	\$10 \$40 \$70 \$250
PPO 80 1000	\$1,000 \$2,000	80% 50%	\$5,000 \$10,000	\$30	\$10 \$40 \$70 \$250
PPO 80 1500	\$1,500 \$3,000	80% 50%	\$5,500 \$11,000	\$30	\$10 \$40 \$70 \$250
PPO 80 2000	\$2,000 \$4,000	80% 50%	\$6,000 \$12,000	\$30	\$10 \$40 \$70 \$250
PPO 80 2500	\$2,500 \$5,000	80% 50%	\$6,000 \$12,000	\$30	\$10 \$40 \$70 \$250
PPO 80 3000	\$3,000 \$6,000	80% 50%	\$6,500 \$13,000	\$30	\$10 \$40 \$70 \$250
PPO 80 4000	\$4,000 \$8,000	80% 50%	\$7,000 \$14,000	\$30	\$10 \$40 \$70 \$250
PPO 80 5000	\$5,000 \$10,000	80% 50%	\$7,000 \$14,000	\$40	\$10 \$40 \$70 \$250
70 Series 70% Copay Plans					
PPO 70 1000	\$1,000 \$2,000	70% 50%	\$6,000 \$12,000	\$40	\$10 \$50 \$80 \$250
PPO 70 1500	\$1,500 \$3,000	70% 50%	\$6,000 \$12,000	\$40	\$10 \$50 \$80 \$250
PPO 70 2000	\$2,000 \$4,000	70% 50%	\$6,000 \$12,000	\$40	\$10 \$50 \$80 \$250
PPO 70 2500	\$2,500 \$5,000	70% 50%	\$6,000 \$12,000	\$40	\$10 \$50 \$80 \$250
PPO 70 3000	\$3,000 \$6,000	70% 50%	\$7,000 \$14,000	\$40	\$10 \$50 \$80 \$250
PPO 70 4000	\$4,000 \$8,000	70% 50%	\$7,000 \$14,000	\$40	\$10 \$50 \$80 \$250
PPO 70 5000	INN: \$5,000 \$10,000 OON: \$15,000 \$30,000	70% 50%	INN: \$8,000 \$16,000 OON: N/A	\$40	\$10 \$50 \$80 \$250
PPO 70 6000	INN: \$6,000 \$12,000 OON: \$18,000 \$36,000	70% 50%	INN: \$8,000 \$16,000 OON: N/A	\$40	\$10 \$50 \$80 \$250
PPO 70 8000	INN: \$8,000 \$16,000 OON: \$24,000 \$48,000	70% 50%	INN: \$8,500 \$17,000 OON: N/A	\$40	\$10 \$50 \$80 \$250
50 Series 50% Copay Plans					
PPO 50 0	\$0 \$0	50% 50%	\$4,500 \$9,000	\$0	50%
PPO 50 500	\$500 \$1,000	50% 50%	\$4,500 \$9,000	\$0	50%
PPO 50 1000	\$1,000 \$2,000	50% 50%	\$5,500 \$11,000	\$0	50%
Value Plan *NEW*					
PPO 100 8000 (Not available as dual choice option)	INN: \$8,000 \$16,000 OON: N/A	100% 0%	INN: \$8,000 \$16,000 OON: N/A	\$0	\$10 Generics All other tiers subject to deduct/coins
HSA Plans					
HSA \$1700	\$1,700 \$3,400	80% 60%	\$4,500 \$9,000	\$0	80%
HSA \$2500	\$2,500 \$5,000	80% 60%	\$5,500 \$11,000	\$0	80%
HSA \$3500	\$3,500 \$6,000	80% 60%	\$6,500 \$13,000	\$0	80%
HSA \$5500	\$5,500 \$6,000	80% 60%	\$6,500 \$13,000	\$0	80%
HMO Plans - All HMO Plans Available on Premera's HMO Network (Sherwood) Only				PCP Specialist	*Essentials Formulary: Pref Generic Pref Brand Pref Specialty All Non-Pref
HMO 80 2000	\$2,000 \$4,000	80%	\$4,000 \$8,000	\$5 \$60	\$10 \$40 \$70 \$150
HMO 80 3000	\$3,000 \$6,000	80%	\$6,000 \$12,000	\$5 \$60	\$10 \$40 \$70 \$150
HMO 80 4000	\$4,000 \$8,000	80%	\$8,000 \$16,000	\$10 \$65	\$10 \$40 \$70 \$150
HMO 70 5000	\$5,000 \$10,000	70%	\$9,100 \$18,200	\$10 \$65	\$10 \$50 \$80 \$150
*Rx Essentials formulary used for HMO Plans (Essentials is a restricted list of prescription drugs that meets basic pharmacy needs)					
USABLE Life - Employee Life + AD&D (Enrollment Must Match Medical)					
Employee Life + AD&D					
\$10,000 (Mandatory)			\$10,000 of Basic Life and AD&D coverage		
\$15,000			\$15,000 of Basic Life and AD&D coverage		
\$25,000			\$25,000 of Basic Life and AD&D coverage		
\$50,000 (5+ EE's)			\$50,000 of Basic Life and AD&D coverage		
Dependent Life					
\$5,000 Spouse \$2,500 Child					1 plan available
First Choice Health - Employee Assistance Program (New!) (Available to All Enrolled Employees)					
EAP Plan					Up to 3 in-person or virtual assessment sessions per issue/per person/per year. Services include general counseling, legal and financial consultation, childcare and family referral services as well as elder and adult care services.
VSP Vision (Enrollment Must Match Medical)	Exams Copay Frequency	Lenses Copay Frequency	Frames Allowance Freq.	Contacts Copay Allow Freq	Computer Vision Care (Lenses/Frames)
Exam Plus	\$10 12 Mo.	n/a	n/a	n/a	n/a
Basic	\$10 12 Mo.	\$0 24 Mo.	\$130 24 Mo.	\$60 \$130 24 Mo.	n/a
Preferred	\$10 12 Mo.	\$0 12 Mo.	\$150 24 Mo.	\$60 \$150 12 Mo.	n/a
Enhanced + Computer VisionCare	\$10 12 Mo.	\$0 12 Mo.	\$150 12 Mo.	\$60 \$150 12 Mo.	L: \$0 12 Mo. F: \$0 \$90 12 Mo.
Delta Dental Plan of Washington (Uncommon Enrollment Allowed) *requires a minimum of 2+ employees and 51% employee participation	Deductible (Individual/Family)	Coinsurance		Calendar Year Maximum	
		Delta PPO	Delta Premier		
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 Orthodontia Rider (10+ EEs)	n/a	50%	50%	\$1,000 Lifetime	