

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%/50%	\$3000/\$9000	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$1000	\$1000/\$3000	80%/50%	\$3500/\$10500	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$1500	\$1500/\$4500	80%/50%	\$4000/\$12000	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$2000	\$2000/\$6000	80%/50%	\$4500/\$13500	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$2500	\$2500/\$7500	80%/50%	\$5500/\$11000	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$3500	\$3500/\$7000	80%/50%	\$7000/\$14000	\$25	\$250	\$15/\$35/\$75
PPO Plan A \$5000	\$5000/\$10000	80%/50%	\$7000/\$14000	\$25	\$250	\$15/\$35/\$75
PPO Plan B						
PPO Plan B \$500	\$500/\$1500	70%/50%	\$4000/\$12000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$1000	\$1000/\$3000	70%/50%	\$4500/\$13500	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$1500	\$1500/\$4500	70%/50%	\$5000/\$10000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$2000	\$2000/\$4000	70%/50%	\$6500/\$13000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$2500	\$2500/\$5000	70%/50%	\$8000/\$16000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$3500	\$3500/\$7000	70%/50%	\$8000/\$16000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$5000	\$5000/\$10000	70%/50%	\$8000/\$16000	\$25	\$250	\$15/\$35/\$75
PPO Plan B \$7000	\$7000/\$14000	70%/50%	\$8000/\$16000	\$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 \$1700	\$1700/\$3400	80%/50%	\$5000/\$10000	80%/50%	n/a	80%
PPO Plan D \$2500	\$2500/\$5000	80%/50%	\$5000/\$10000	80%/50%	n/a	80%
PPO Plan D \$3500	\$3500/\$7000	80%/50%	\$5000/\$10000	80%/50%	n/a	80%
PPO Plan D \$5000	\$5000/\$10000	80%/50%	\$6350/\$12700	80%/50%	n/a	80%
PPO Plan D \$6000	\$6000/\$12000	100%/50%	\$6000/\$12000	100%/50%	n/a	Covered in full after deductible
PPO Plan D \$7500	\$7500/\$15000	100%/50%	\$7500/\$15000	100%/50%	n/a	Covered in full after deductible

*For PPO Plans, Primary Care OV copay is \$5 for first 3 visits

Uprise Health - Employee Assistance Program

3-Visit Model	3 face-to-face visits
6-Visit Model	6 face-to-face visits

USABLE Life - 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		Frequency			Allowance
	Exam	Material	Lenses	Frames	Contacts	
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

*Uncommon Enrollment Allowed:
requires a minimum of 2+ employees and 51% employee participation*

	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

