

Plan Name	Deductible (Individual/Family)	Coinsurance	Out of Pocket (Individual/Family)	Office Visit Copay	Prescription Drugs (Retail)
Premera Medical All PPO Plans Available on Heritage and Heritage Prime Networks All HMO Plans Available on HMO Network Only					
80 Series 80% Copay Plans					
PPO 80 250	\$250 \$500	80% 50%	\$4,500 \$9,000	\$30	Preferred Formulary: Generic Pref Brand Non-Pref Brand Specialty \$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 <i>(Not available as dual choice option)</i>	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					
HMO 80 2000	\$2,000 \$4,000	80%	\$4,000 \$8,000	\$5 \$60	PCP Specialist Pref Generic Pref Brand Pref Specialty All Non-Pref \$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 <i>(Enrollment Must Match Medical)</i>	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 <i>(Uncommon Enrollment Allowed)</i> <i>*requires a minimum of 2+ employees and 51% employee participation</i>	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