VIGILANT
Manufacturers' Trust

Vigilant Manufacturers' Trust Plan Descriptions

All Lines of Coverage
For Effective Dates 10/01/2026 to 9/01/2027

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

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