

Premera Blue Cross - Medical	Heritage Provider Network	Office Visit Copay	Deductible Individual Family	Coinsurance In-Network Out-of-Network	Prescription Drug Coverage	Out-of-Pocket Maximum Individual Family
80 Series 80% Copay Plans						
PPO 80 250	Prime or Plus	\$30	\$250 \$500	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000
PPO 80 500	Prime or Plus	\$30	\$500 \$1,000	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000
PPO 80 750	Prime or Plus	\$30	\$750 \$1,500	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000
PPO 80 1000	Prime or Plus	\$30	\$1,000 \$2,000	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000
PPO 80 1500	Prime or Plus	\$30	\$1,500 \$3,000	80% 50%	\$10 \$40 \$70	\$5,000 \$10,000
PPO 80 2000	Prime or Plus	\$30	\$2,000 \$4,000	80% 50%	\$10 \$40 \$70	\$5,000 \$10,000
PPO 80 2500	Prime or Plus	\$30	\$2,500 \$5,000	80% 50%	\$10 \$40 \$70	\$5,000 \$10,000
PPO 80 3000	Prime or Plus	\$30	\$3,000 \$6,000	80% 50%	\$10 \$40 \$70	\$6,000 \$12,000
PPO 80 4000	Prime or Plus	\$30	\$4,000 \$8,000	80% 50%	\$10 \$40 \$70	\$6,000 \$12,000
PPO 80 5000	Prime or Plus	\$30	\$5,000 \$10,000	80% 50%	\$10 \$40 \$70	\$6,000 \$12,000
70 Series 70% Copay Plans						
PPO 70 1000	Prime or Plus	\$40	\$1,000 \$2,000	70% 50%	\$10 \$50 \$80	\$5,000 \$10,000
PPO 70 1500	Prime or Plus	\$40	\$1,500 \$3,000	70% 50%	\$10 \$50 \$80	\$5,000 \$10,000
PPO 70 2000	Prime or Plus	\$40	\$2,000 \$4,000	70% 50%	\$10 \$50 \$80	\$5,000 \$10,000
PPO 70 2500	Prime or Plus	\$40	\$2,500 \$5,000	70% 50%	\$10 \$50 \$80	\$5,000 \$10,000
PPO 70 3000	Prime or Plus	\$40	\$3,000 \$6,000	70% 50%	\$10 \$50 \$80	\$6,000 \$12,000
PPO 70 4000	Prime or Plus	\$40	\$4,000 \$8,000	70% 50%	\$10 \$50 \$80	\$6,000 \$12,000
PPO 70 5000	Prime or Plus	\$40	INN: \$5,000 \$10,000 OON: \$15,000 \$30,000	70% 50%	\$10 \$50 \$80	INN: \$7,000 \$14,000 OON: N/A
PPO 70 6000	Prime or Plus	\$40	INN: \$6,000 \$12,000 OON: \$18,000 \$36,000	70% 50%	\$10 \$50 \$80	INN: \$7,000 \$14,000 OON: N/A
100 Series 100% Copay Plan						
PPO 100 5500	Prime or Plus	\$40	\$5,500 \$11,000	100% 80%	\$10 \$50 \$80	\$6,000 \$12,000
Value Plan (new)						
PPO 100 8000 <i>(Not available as dual choice option)</i>	Prime or Plus	\$0	INN: \$8,000 \$16,000 OON: N/A	100% 0%	\$10 Generics All other tiers subject to deduct/coins	INN: \$8,000 \$16,000 OON: N/A
50 Series 50% Coinsurance Plans						
PPO 50 0	Prime or Plus	\$0	\$0 \$0	50% 50%	50% 50%	\$4,000 \$8,000
PPO 50 1000	Prime or Plus	\$0	\$1,000 \$2,000	50% 50%	50% 50%	\$5,000 \$10,000
PPO 50 2000	Prime or Plus	\$0	\$2,000 \$4,000	50% 50%	50% 50%	\$5,000 \$10,000
HSA Plans						
HSA 1500	Prime or Plus	\$0	\$1,500 \$3,000	80% 60%	80%	\$4,000 \$8,000
HSA 2500	Prime or Plus	\$0	\$2,500 \$5,000	80% 60%	80%	\$5,000 \$10,000
HSA 3500	Prime or Plus	\$0	\$3,500 \$6,000	80% 60%	80%	\$6,000 \$12,000
HSA 5500	Prime or Plus	\$0	\$5,500 \$6,000	80% 60%	80%	\$6,000 \$12,000
Vision Service Plan	Exams Copay Frequency		Lenses Copay Frequency Allowance		Frames Copay Frequency Allowance	Contacts Copay Frequency Allowance
Group Plans - Enrollment Must Match Medical						
Exam Plus	\$10 12 Months		n/a n/a 20% Discount		n/a n/a 20% Discount	n/a n/a 15% Discount
Basic	\$10 12 Months		\$0 24 Months Covered In Full		\$0 24 Months \$130	Up to \$60 24 Months \$130
Preferred	\$10 12 Months		\$0 12 Months Covered In Full		\$0 24 Months \$150	Up to \$60 12 Months \$150
Enhanced + Computer Vision Care	\$10 12 Months		\$0 12 Months Covered In Full \$0 12 Months Covered In Full		\$0 12 Months \$150 \$0 12 Months \$90	Up to \$60 12 Months \$150
Delta Dental of Washington	Deductible Individual Family		Coinsurance Delta PPO		Coinsurance Delta Premier	Calendar Year Maximum
Group Plans - Employee Enrollment Must Match Medical, Dependent Enrollment May Be Uncommon						
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 - 10+ Employees	\$0		50%		50%	\$1,000 Lifetime
Voluntary Plans - Enrollment May Be Uncommon (requires the greater of 35% participation or 5 or more enrolled)						
Low Option	\$50/\$150		100%/80%/50%		80%/70%/40%	\$1,000
Medium Option	\$50/\$150		100%/80%/50%		80%/70%/40%	\$1,500
LifeMap Assurance Company	Group Term Life AD&D			Washington Farm Bureau Healthcare For Your Business		
Group Plans - Enrollment Must Match Medical						
Plan 1 Mandatory	\$10,000		Additional Information			
Plan 2	\$15,000		- WFB Healthcare is available to Washington's Agricultural Community			
Plan 3	\$25,000		- Consolidated Billing and COBRA Administration are included in premiums			
Plan 4 - 5+ Employees	\$50,000		- Over 150 Washington insurance brokers sell and service WFB Healthcare			
Dependent Life Rider - No AD&D		Spouse: \$5,000 Child(ren): \$2,500		- Call DiMartino Associates, General Agent; 800-681-7177		