

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	
<b>80 Series   80% Copay Plans</b>							
PPO 80   250	Prime or Plus	\$30	\$250   \$500	80%   50%	\$10   \$40   \$70	\$4,000   \$8,000	
PPO 80   350	Prime or Plus	\$30	\$350   \$700	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	
<b>70 Series   70% Copay Plans</b>							
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   6000	Prime or Plus	\$40	INN: \$6,000   \$12,000 OON: \$18,000   \$36,000	70%   50%	\$10   \$50   \$80	INN: \$6,850   \$13,700 OON: N/A	
<b>100 Series   100% Copay Plan</b>							
PPO 100   5500	Prime or Plus	\$40	\$5,500   \$11,000	100%   80%	\$10   \$50   \$80	\$6,000   \$12,000	
<b>50 Series   50% Coinsurance Plans</b>							
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	
<b>HSA Plans</b>							
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   \$7,000	80%   60%	80%	\$5,000   \$10,000	
HSA 5500	Prime or Plus	\$0	\$5,500   \$11,000	80%   60%	80%	\$6,000   \$12,000	
<b>Vision Service Plan</b>	<b>Exams Copay   Frequency</b>		<b>Lenses Copay   Frequency   Allowance</b>		<b>Frames Copay   Frequency   Allowance</b>		<b>Contacts Copay   Frequency   Allowance</b>
<b>Group Plans - Enrollment Must Match Medical</b>							
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 \$10   12 Months   Covered In Full		\$0   12 Months   \$150 \$10   12 Months   \$90		Up to \$60   12 Months   \$150
<b>Delta Dental of Washington</b>	<b>Deductible Individual   Family</b>		<b>Coinsurance Delta PPO</b>		<b>Coinsurance Delta Premier</b>		<b>Calendar Year Maximum</b>
<b>Group Plans - Employee Enrollment Must Match Medical, Dependent Enrollment May Be Uncommon</b>							
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 (new)	\$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
<b>Voluntary Plans - Enrollment May Be Uncommon (requires the greater of 35% participation or 5 or more enrolled)</b>							
Low Option	\$50/\$150		100%/80%/50%		80%/70%/40%		\$1,000
Medium Option	\$50/\$150		100%/80%/50%		80%/70%/40%		\$1,500
<b>LifeMap Assurance Company</b>	<b>Group Term Life   AD&amp;D</b>			<b>Washington Farm Bureau Healthcare For Your Business</b>			
<b>Group Plans - Enrollment Must Match Medical</b>				<b>Additional Information</b>			
Plan 1   Mandatory	\$10,000			- WFB Healthcare is available to Washington's Agricultural Community			
Plan 2	\$15,000			- Consolidated Billing and COBRA Administration are included in premiums			
Plan 3	\$25,000			- Over 150 Washington insurance brokers sell and service WFB Healthcare			
Plan 4 - 5+ Employees	\$50,000			- Other Agricultural Associations endorse WFB Healthcare			
Dependent Life Rider - No AD&D	Spouse: \$5,000   Child(ren): \$2,500			- Call DiMartino Associates, General Agent; 800-681-7177			
<b>Washington Farm Bureau Healthcare Partners</b>							