

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 80 350	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	
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 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	
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	
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 \$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	
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				Additional Information			
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			

Washington Farm Bureau Healthcare Partners
