

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			
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									
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		- Other Agricultural Associations endorse WFB Healthcare					
				- Call DiMartino Associates, General Agent; 800-681-7177					
Washington Farm Bureau Healthcare Partners									