

Medical Coverage - Premera Blue Cross & Premera HMO	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						
					Preferred Formulary: Generic Pref Brand Non-Pref Brand Specialty	
PPO 80 250	Heritage or Prime	\$30	\$250 \$500	80% 50%	\$10 \$40 \$70 \$150	\$4,500 \$9,000
PPO 80 500	Heritage or Prime	\$30	\$500 \$1,000	80% 50%	\$10 \$40 \$70 \$150	\$4,500 \$9,000
PPO 80 750	Heritage or Prime	\$30	\$750 \$1,500	80% 50%	\$10 \$40 \$70 \$150	\$4,500 \$9,000
PPO 80 1000	Heritage or Prime	\$30	\$1,000 \$2,000	80% 50%	\$10 \$40 \$70 \$150	\$4,500 \$9,000
PPO 80 1500	Heritage or Prime	\$30	\$1,500 \$3,000	80% 50%	\$10 \$40 \$70 \$150	\$5,500 \$11,000
PPO 80 2000	Heritage or Prime	\$30	\$2,000 \$4,000	80% 50%	\$10 \$40 \$70 \$150	\$5,500 \$11,000
PPO 80 2500	Heritage or Prime	\$30	\$2,500 \$5,000	80% 50%	\$10 \$40 \$70 \$150	\$5,500 \$11,000
PPO 80 3000	Heritage or Prime	\$30	\$3,000 \$6,000	80% 50%	\$10 \$40 \$70 \$150	\$6,500 \$13,000
PPO 80 4000	Heritage or Prime	\$30	\$4,000 \$8,000	80% 50%	\$10 \$40 \$70 \$150	\$6,500 \$13,000
PPO 80 5000	Heritage or Prime	\$30	\$5,000 \$10,000	80% 50%	\$10 \$40 \$70 \$150	\$6,500 \$13,000
70 Series 70% Copay Plans						
PPO 70 1000	Heritage or Prime	\$40	\$1,000 \$2,000	70% 50%	\$10 \$50 \$80 \$150	\$5,500 \$11,000
PPO 70 1500	Heritage or Prime	\$40	\$1,500 \$3,000	70% 50%	\$10 \$50 \$80 \$150	\$5,500 \$11,000
PPO 70 2000	Heritage or Prime	\$40	\$2,000 \$4,000	70% 50%	\$10 \$50 \$80 \$150	\$5,500 \$11,000
PPO 70 2500	Heritage or Prime	\$40	\$2,500 \$5,000	70% 50%	\$10 \$50 \$80 \$150	\$5,500 \$11,000
PPO 70 3000	Heritage or Prime	\$40	\$3,000 \$6,000	70% 50%	\$10 \$50 \$80 \$150	\$6,500 \$13,000
PPO 70 4000	Heritage or Prime	\$40	\$4,000 \$8,000	70% 50%	\$10 \$50 \$80 \$150	\$6,500 \$13,000
PPO 70 5000	Heritage or Prime	\$40	INN: \$5,000 \$10,000 OON: \$15,000 \$30,000	70% 50%	\$10 \$50 \$80 \$150	INN: \$7,500 \$15,000 OON: N/A
PPO 70 6000	Heritage or Prime	\$40	INN: \$6,000 \$12,000 OON: \$18,000 \$36,000	70% 50%	\$10 \$50 \$80 \$150	INN: \$7,500 \$15,000 OON: N/A
100 Series 100% Copay Plan						
PPO 100 5500	Heritage or Prime	\$40	\$5,500 \$11,000	100% 80%	\$10 \$50 \$80 \$150	\$6,500 \$13,000
Value Plan						
PPO 100 8000 <i>(Not available as dual choice option)</i>	Heritage or Prime	\$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	Heritage or Prime	\$0	\$0 \$0	50% 50%	50%	\$4,500 \$9,000
PPO 50 1000	Heritage or Prime	\$0	\$1,000 \$2,000	50% 50%	50%	\$5,500 \$11,000
PPO 50 2000	Heritage or Prime	\$0	\$2,000 \$4,000	50% 50%	50%	\$5,500 \$11,000
HSA Plans						
HSA 1500	Heritage or Prime	\$0	\$1,500 \$3,000	80% 60%	80%	\$4,500 \$9,000
HSA 2500	Heritage or Prime	\$0	\$2,500 \$5,000	80% 60%	80%	\$5,500 \$11,000
HSA 3500	Heritage or Prime	\$0	\$3,500 \$6,000	80% 60%	80%	\$6,500 \$13,000
HSA 5500	Heritage or Prime	\$0	\$5,500 \$6,000	80% 60%	80%	\$6,500 \$13,000
HMO Plans *NEW*(HMO Plans use Premera's Sherwood HMO Network)						
		PCP Specialist	*Essentials Formulary: Pref Generic Pref Brand Pref Specialty All Non-Pref			
HMO 80 2000	HMO only	\$5 \$60	\$2,000 \$4,000	80%	\$10 \$40 \$70 \$150	\$4,000 \$8,000
HMO 80 3000	HMO only	\$5 \$60	\$3,000 \$6,000	80%	\$10 \$40 \$70 \$150	\$6,000 \$12,000
HMO 80 4000	HMO only	\$10 \$65	\$4,000 \$8,000	80%	\$10 \$40 \$70 \$150	\$8,000 \$16,000
HMO 70 5000	HMO only	\$10 \$65	\$5,000 \$10,000	70%	\$10 \$50 \$80 \$150	\$9,100 \$18,200
*Rx Essentials formulary used for HMO Plans (Essentials is a restricted list of prescription drugs that meets basic pharmacy needs)						
Vision Service Plan <i>(Enrollment Must Match Medical)</i>						
		Exams Copay Frequency	Lenses Copay Frequency Allowance		Frames Copay Frequency Allowance	
Group Plans						
Exam Plus		\$10 12 Months	n/a n/a 20% Discount		n/a n/a 20% Discount	
Basic		\$10 12 Months	\$0 24 Months Covered In Full		\$0 24 Months \$130	
Preferred		\$10 12 Months	\$0 12 Months Covered In Full		\$0 24 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	
Delta Dental of Washington <i>(Uncommon Enrollment Allowed)</i>		Deductible Individual Family	Coinsurance Delta PPO		Coinsurance Delta Premier	
Group Plans - (requires a minimum of 2+ employees and 51% employee participation)						
Plan 1		\$50/\$150	100%/90%/50%		100%/80%/50%	
Plan 2		\$25/\$75	100%/90%/50%		100%/80%/50%	
Plan 3		\$50/\$150	100%/80%/50%		100%/80%/50%	
Plan 4		\$25/\$75	100%/90%/50%		80%/70%/40%	
Family Orthodontia - 10+ Employees		\$0	50%		50%	
Voluntary Plans - (requires the greater of 35% participation or 5 or more enrolled)						
Plan 5 - Low Option		\$50/\$150	100%/80%/50%		80%/70%/40%	
Plan 6 - Medium Option		\$50/\$150	100%/80%/50%		80%/70%/40%	
LifeMap Assurance Company <i>(Enrollment Must Match Medical)</i>		Group Term Life AD&D			Washington Farm Bureau Healthcare For Your Business	
Group Plans						
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			
- 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

