

| Medical Coverage - LifeWise | 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 | \$30 | \$250 \$500 | 80% 50% | \$10 \$40 \$70 \$150 | \$4,500 \$9,000 |
| PPO 80 500 | \$30 | \$500 \$1,000 | 80% 50% | \$10 \$40 \$70 \$150 | \$4,500 \$9,000 |
| PPO 80 750 | \$30 | \$750 \$1,500 | 80% 50% | \$10 \$40 \$70 \$150 | \$4,500 \$9,000 |
| PPO 80 1000 | \$30 | \$1,000 \$2,000 | 80% 50% | \$10 \$40 \$70 \$150 | \$4,500 \$9,000 |
| PPO 80 1500 | \$30 | \$1,500 \$3,000 | 80% 50% | \$10 \$40 \$70 \$150 | \$5,500 \$11,000 |
| PPO 80 2000 | \$30 | \$2,000 \$4,000 | 80% 50% | \$10 \$40 \$70 \$150 | \$5,500 \$11,000 |
| PPO 80 2500 | \$30 | \$2,500 \$5,000 | 80% 50% | \$10 \$40 \$70 \$150 | \$5,500 \$11,000 |
| PPO 80 3000 | \$30 | \$3,000 \$6,000 | 80% 50% | \$10 \$40 \$70 \$150 | \$6,500 \$13,000 |
| PPO 80 4000 | \$30 | \$4,000 \$8,000 | 80% 50% | \$10 \$40 \$70 \$150 | \$6,500 \$13,000 |
| PPO 80 5000 | \$30 | \$5,000 \$10,000 | 80% 50% | \$10 \$40 \$70 \$150 | \$6,500 \$13,000 |
| 70 Series 70% Copay Plans | | | | | |
| PPO 70 1000 | \$40 | \$1,000 \$2,000 | 70% 50% | \$10 \$50 \$80 \$150 | \$5,500 \$11,000 |
| PPO 70 1500 | \$40 | \$1,500 \$3,000 | 70% 50% | \$10 \$50 \$80 \$150 | \$5,500 \$11,000 |
| PPO 70 2000 | \$40 | \$2,000 \$4,000 | 70% 50% | \$10 \$50 \$80 \$150 | \$5,500 \$11,000 |
| PPO 70 2500 | \$40 | \$2,500 \$5,000 | 70% 50% | \$10 \$50 \$80 \$150 | \$5,500 \$11,000 |
| PPO 70 3000 | \$40 | \$3,000 \$6,000 | 70% 50% | \$10 \$50 \$80 \$150 | \$6,500 \$13,000 |
| PPO 70 4000 | \$40 | \$4,000 \$8,000 | 70% 50% | \$10 \$50 \$80 \$150 | \$6,500 \$13,000 |
| PPO 70 5000 | \$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 | \$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 | \$40 | \$5,500 \$11,000 | 100% 80% | \$10 \$50 \$80 \$150 | \$6,500 \$13,000 |
| 50 Series 50% Coinsurance Plans | | | | | |
| PPO 50 0 | \$0 | \$0 \$0 | 50% 50% | 50% | \$4,500 \$9,000 |
| PPO 50 1000 | \$0 | \$1,000 \$2,000 | 50% 50% | 50% | \$5,500 \$11,000 |
| PPO 50 2000 | \$0 | \$2,000 \$4,000 | 50% 50% | 50% | \$5,500 \$11,000 |
| HSA Plans | | | | | |
| HSA 1600 | \$0 | \$1,600 \$3,200 | 80% 60% | 80% | \$4,500 \$9,000 |
| HSA 2500 | \$0 | \$2,500 \$5,000 | 80% 60% | 80% | \$5,500 \$11,000 |
| HSA 3500 | \$0 | \$3,500 \$6,000 | 80% 60% | 80% | \$6,500 \$13,000 |
| HSA 5500 | \$0 | \$5,500 \$6,000 | 80% 60% | 80% | \$6,500 \$13,000 |
| Vision Service Plan (Enrollment Must Match Medical) | | | | | |
| | Exams Copay Frequency | Lenses Copay Frequency Allowance | Frames Copay Frequency Allowance | Contacts Copay Frequency Allowance | |
| Group Plans | | | | | |
| 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 (Uncommon Enrollment Allowed) | | | | | |
| | Deductible Individual Family | Coinsurance Delta PPO | Coinsurance Delta Premier | Calendar Year Maximum | |
| Group Plans - (requires a minimum of 2+ employees and 51% employee participation) | | | | | |
| 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 - (requires the greater of 35% participation or 5 or more enrolled) | | | | | |
| Plan 5 - Low Option | \$50/\$150 | 100%/80%/50% | 80%/70%/40% | \$1,000 | |
| Plan 6 - Medium Option | \$50/\$150 | 100%/80%/50% | 80%/70%/40% | \$1,500 | |
| LifeMap Assurance Company (Enrollment Must Match Medical) | | | | | |
| | Group Term Life AD&D | Washington Farm Bureau Healthcare For Your Business | | | |
| Group Plans | | | | | |
| Plan 1 Mandatory | \$10,000 | Additional Information - WFB Healthcare is available to Washington's Agricultural Community - Consolidated Billing and COBRA Administration are included in premiums - Over 150 Washington insurance brokers sell and service WFB Healthcare - Other Agricultural Associations endorse WFB Healthcare - Call DiMartino Associates, General Agent; 800-681-7177 | | | |
| Plan 2 | \$15,000 | | | | |
| Plan 3 | \$25,000 | | | | |
| Plan 4 - 5+ Employees | \$50,000 | | | | |
| Dependent Life Rider - No AD&D | Spouse: \$5,000 Child(ren): \$2,500 | | | | |

Washington Farm Bureau Healthcare Partners

