

Medical Coverage - LifeWise	Office Visit Copay	Deductible Individual   Family	Coinsurance INN   OON	Prescription Drug Coverage	Out-of-Pocket Max Indiv.   Family
<b>80 Series   80% Copay Plans</b>					
				<b>Preferred Formulary: Generic   Pref Brand   Non-Pref Brand   Specialty</b>	
PPO 80   250	\$30	\$250   \$500	80%   50%	\$10   \$40   \$70   \$250	\$4,500   \$9,000
PPO 80   500	\$30	\$500   \$1,000	80%   50%	\$10   \$40   \$70   \$250	\$4,500   \$9,000
PPO 80   750	\$30	\$750   \$1,500	80%   50%	\$10   \$40   \$70   \$250	\$4,500   \$9,000
PPO 80   1000	\$30	\$1,000   \$2,000	80%   50%	\$10   \$40   \$70   \$250	\$5,000   \$10,000
PPO 80   1500	\$30	\$1,500   \$3,000	80%   50%	\$10   \$40   \$70   \$250	\$5,500   \$11,000
PPO 80   2000	\$30	\$2,000   \$4,000	80%   50%	\$10   \$40   \$70   \$250	\$6,000   \$12,000
PPO 80   2500	\$30	\$2,500   \$5,000	80%   50%	\$10   \$40   \$70   \$250	\$6,000   \$12,000
PPO 80   3000	\$30	\$3,000   \$6,000	80%   50%	\$10   \$40   \$70   \$250	\$6,500   \$13,000
PPO 80   4000	\$30	\$4,000   \$8,000	80%   50%	\$10   \$40   \$70   \$250	\$7,000   \$14,000
PPO 80   5000	\$30	\$5,000   \$10,000	80%   50%	\$10   \$40   \$70   \$250	\$7,000   \$14,000
<b>70 Series   70% Copay Plans</b>					
PPO 70   1000	\$40	\$1,000   \$2,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   1500	\$40	\$1,500   \$3,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   2000	\$40	\$2,000   \$4,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   2500	\$40	\$2,500   \$5,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   3000	\$40	\$3,000   \$6,000	70%   50%	\$10   \$50   \$80   \$250	\$7,000   \$14,000
PPO 70   4000	\$40	\$4,000   \$8,000	70%   50%	\$10   \$50   \$80   \$250	\$7,000   \$14,000
PPO 70   5000	\$40	INN: \$5,000   \$10,000 OON: \$15,000   \$30,000	70%   50%	\$10   \$50   \$80   \$250	INN: \$8,000   \$16,000 OON: N/A
PPO 70   6000	\$40	INN: \$6,000   \$12,000 OON: \$18,000   \$36,000	70%   50%	\$10   \$50   \$80   \$250	INN: \$8,000   \$16,000 OON: N/A
PPO 70   8000	\$40	INN: \$8,000   \$16,000 OON: \$24,000   \$48,000	70%   50%	\$10   \$50   \$80   \$250	INN: \$8,500   \$17,000 OON: N/A
<b>100 Series   100% Copay Plan</b>					
PPO 100   5500	\$40	\$5,500   \$11,000	100%   80%	\$10   \$50   \$80   \$250	\$7,000   \$14,000
<b>50 Series   50% Coinsurance Plans</b>					
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
<b>HSA Plans</b>					
HSA 1700	\$0	\$1,700   \$3,400	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
<b>Vision Service Plan (Enrollment Must Match Medical)</b>	<b>Exams Copay   Frequency</b>	<b>Lenses Copay   Frequency   Allowance</b>		<b>Frames Copay   Frequency   Allowance</b>	<b>Contacts Copay   Freq.   Allow.</b>
<b>Group Plans</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 \$0   12 Months   Covered In Full		\$0   12 Months   \$150 \$0   12 Months   \$90	Up to \$60   12 Months   \$150
<b>Delta Dental of Washington (Uncommon Enrollment Allowed)</b>	<b>Deductible Individual   Family</b>	<b>Coinsurance Delta PPO</b>		<b>Coinsurance Delta Premier</b>	<b>Calendar Year Maximum</b>
<b>Group Plans - (requires a minimum of 2+ employees and 51% employee participation)</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	\$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 - (requires the greater of 35% participation or 5 or more enrolled)</b>					
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
<b>USable Life (Enrollment Must Match Medical)</b>	<b>Group Term Life   AD&amp;D</b>		<b>Washington Farm Bureau Healthcare For Your Business</b>		
<b>Group Plans</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		
<b>First Choice Health - Employee Assistance Program (NEW!) (Available to All Enrolled Employees)</b>					
EAP Plan	Up to 3 in-person or virtual assessment sessions per issue/per person/per year. Services include general counseling, legal and financial consultation, childcare and family referral services as well as elder and adult care services.				
Washington Farm Bureau Healthcare Partners					