

Washington Farm Bureau Healthcare

Benefit Plans At A Glance
For Effective Dates 10/01/2025 through 11/01/2026

Premera Blue Cross & Premera HMO	Provider Network	Office Visit Copay	Deductible Individual Family	Coinsurance In-Network Out-of-Network	Prescription Drugs (Retail)	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 \$250	\$4,500 \$9,000
PPO 80 500	Heritage or Prime	\$30	\$500 \$1,000	80% 50%	\$10 \$40 \$70 \$250	\$4,500 \$9,000
PPO 80 750	Heritage or Prime	\$30	\$750 \$1,500	80% 50%	\$10 \$40 \$70 \$250	\$4,500 \$9,000
PPO 80 1000	Heritage or Prime	\$30	\$1,000 \$2,000	80% 50%	\$10 \$40 \$70 \$250	\$5,000 \$10,000
PPO 80 1500	Heritage or Prime	\$30	\$1,500 \$3,000	80% 50%	\$10 \$40 \$70 \$250	\$5,500 \$11,000
PPO 80 2000	Heritage or Prime	\$30	\$2,000 \$4,000	80% 50%	\$10 \$40 \$70 \$250	\$6,000 \$12,000
PPO 80 2500	Heritage or Prime	\$30	\$2,500 \$5,000	80% 50%	\$10 \$40 \$70 \$250	\$6,000 \$12,000
PPO 80 3000	Heritage or Prime	\$30	\$3,000 \$6,000	80% 50%	\$10 \$40 \$70 \$250	\$6,500 \$13,000
PPO 80 4000	Heritage or Prime	\$30	\$4,000 \$8,000	80% 50%	\$10 \$40 \$70 \$250	\$7,000 \$14,000
PO 80 5000	Heritage or Prime	\$30	\$5,000 \$10,000	80% 50%	\$10 \$40 \$70 \$250	\$7,000 \$14,000
70 Series 70% Copay Plans						
PO 70 1000	Heritage or Prime	\$40	\$1,000 \$2,000	70% 50%	\$10 \$50 \$80 \$250	\$6,000 \$12,000
PO 70 1500	Heritage or Prime	\$40	\$1,500 \$3,000	70% 50%	\$10 \$50 \$80 \$250	\$6,000 \$12,000
PO 70 2000	Heritage or Prime	\$40	\$2,000 \$4,000	70% 50%	\$10 \$50 \$80 \$250	\$6,000 \$12,000
PO 70 2500	Heritage or Prime	\$40	\$2,500 \$5,000	70% 50%	\$10 \$50 \$80 \$250	\$6,000 \$12,000
PO 70 3000	Heritage or Prime	\$40	\$3,000 \$6,000	70% 50%	\$10 \$50 \$80 \$250	\$7,000 \$14,000
PO 70 4000	Heritage or Prime	\$40	\$4,000 \$8,000	70% 50%	\$10 \$50 \$80 \$250	\$7,000 \$14,000
•			INN: \$5,000 \$10,000	·		INN: \$8,000 \$16,000
PO 70 5000	Heritage or Prime	\$40	OON: \$15,000 \$30,000	70% 50%	\$10 \$50 \$80 \$250	OON: N/A
PO 70 6000	Heritage or Prime	\$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
PO 70 8000	Heritage or Prime	\$40	INN: \$8,000 \$16,000	70% 50%	\$10 \$50 \$80 \$250	INN: \$8,500 \$17,000
	nemage or ritine	ÿ +0	OON: \$24,000 \$48,000	7070 3070	0027 006 006 016	OON: N/A
.00 Series 100% Copay Plan						
PPO 100 5500	Heritage or Prime	\$40	\$5,500 \$11,000	100% 80%	\$10 \$50 \$80 \$250	\$7,000 \$14,000
/alue Plan						
PO 100 8000 Not available as dual choice option)	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						
PO 50 0	Haritaga or Brima	\$0	\$0 \$0	50% 50%	50%	\$4,500 \$9,000
	Heritage or Prime				50%	
PO 50 1000	Heritage or Prime	\$0	\$1,000 \$2,000	50% 50%	50%	\$5,500 \$11,000
ISA Plans						
ISA 1700	Heritage or Prime	\$0	\$1,700 \$3,400	80% 60%	80%	\$4,500 \$9,000
ISA 2500	Heritage or Prime	\$0	\$2,500 \$5,000	80% 60%	80%	\$5,500 \$11,000
ISA 3500	Heritage or Prime	\$0	\$3,500 \$6,000	80% 60%	80%	\$6,500 \$13,000
ISA 5500	Heritage or Prime	\$0	\$5,500 \$6,000	80% 60%	80%	\$6,500 \$13,000
HMO Plans (HMO Plans use Premera's Sherwood HN	MO Network)	PCP Specialist			*Essentials Formulary:	
		\$5 \$60	\$2,000 \$4,000	80%	Pref Generic Pref Brand Pref Specialty All Non-Pref \$10 \$40 \$70 \$150	\$4,000 \$8,000
IMO 80 2000	HMO only					
IMO 80 3000	HMO only	\$5 \$60	\$3,000 \$6,000	80%	\$10 \$40 \$70 \$150	\$6,000 \$12,000
IMO 80 4000	HMO only	\$10 \$65	\$4,000 \$8,000	80%	\$10 \$40 \$70 \$150	\$8,000 \$16,000
IMO 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 (Ess	sentials is a restricted list of	prescription drugs that	meets basic pharmacy needs)			
	Exams Copay Frequency		Lenses Copay Frequency Allowance		Frames Copay Frequency Allowance	Contacts Copay Frequency
		equency	Copay Frequency	Allowance	copay Frequency Allowance	Allowance
Vision Service Plan Enrollment Must Match Medical) Group Plans		equency	Copay Frequency	TAllowance	copay Frequency Allowance	
Enrollment Must Match Medical) Group Plans	Copay Fre					Allowance
Enrollment Must Match Medical) Group Plans xam Plus		Months	n/a n/a 20% [\$0 24 Months Co	Discount	n/a n/a 20% Discount	n/a n/a 15% Discount
Enrollment Must Match Medical) Group Plans xam Plus asic	\$10 12 M	Months Months	n/a n/a 20% [Discount vered In Full		Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13
Enrollment Must Match Medical) Group Plans xam Plus assic referred	\$10 12 N \$10 12 N \$10 12 N	Months Months Months	n/a n/a 20% [\$0 24 Months Co \$0 12 Months Co	Discount vered In Full vered In Full	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15
Enrollment Must Match Medical) Group Plans xam Plus basic breferred inhanced +	\$10 12 N	Months Months Months	n/a n/a 20% [\$0 24 Months Co	Discount vered In Full vered In Full vered In Full	n/a n/a 20% Discount \$0 24 Months \$130	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15
Enrollment Must Match Medical) Group Plans xam Plus asic referred nhanced + omputer Vision Care Delta Dental of Washington	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N	Months Months Months Months	n/a n/a 20% I \$0 24 Months Cor \$0 12 Months Cor \$0 12 Months Cor \$0 12 Months Cor Coinsuran	Discount vered in Full vered in Full vered in Full vered in Full	n/a n/a 20% Discount \$0 24 Months 5130 \$0 24 Months \$150 \$0 12 Months \$150	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15
Enrollment Must Match Medical) Group Plans xam Plus asic referred nhanced + computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed)	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual	Months Months Months Months ible Family	n/a n/a 20% I \$0 24 Months Cor \$0 12 Months Cor \$0 12 Months Cor \$0 12 Months Cor Coinsuran Delta PP	Discount vered in Full vered in Full vered in Full vered in Full	n/a n/a 20% Discount \$0 24 Months 5130 \$0 24 Months \$150 \$0 12 Months \$150 \$0 12 Months \$90	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15
Enrollment Must Match Medical) Group Plans Exam Plus Lasic Inchanced + Computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ a	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual employees and 51% emp	Aonths Aonths Aonths Aonths Ible Family ployee participation)	n/a n/a 20% I \$0 24 Months Cor \$0 12 Months Cor \$0 12 Months Cor \$0 12 Months Cor Coinsuran Delta PP	Discount vered in Full vered in Full vered in Full vered in Full co	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$150 \$0 12 Months \$90 Coinsurance Delta Premier	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum
Enrollment Must Match Medical) Group Plans xam Plus assic referred nhanced + computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ ident)	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual	Aonths Aonths Aonths Aonths Ible Family ployee participation)	n/a n/a 20% I \$0 24 Months Cor \$0 12 Months Cor \$0 12 Months Cor \$0 12 Months Cor Coinsuran Delta PP	Discount vered in Full vered in Full vered in Full vered in Full co	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$150 \$0 12 Months \$90 Coinsurance Delta Premier	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15
Enrollment Must Match Medical) Group Plans Exam Plus Basic referred Inhanced + Computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ ident)	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual employees and 51% emp	Anonths Anonths Anonths Ible Family ployee participation)	n/a n/a 20% I \$0 24 Months Cor \$0 12 Months Cor \$0 12 Months Cor \$0 12 Months Cor Coinsuran Delta PP	Discount vered in Full vered in Full vered in Full vered in Full cre O	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$150 \$0 12 Months \$90 Coinsurance Delta Premier	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum
Enrollment Must Match Medical) Group Plans Exam Plus Italian Italian Inhanced + Computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ italian 1	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual employees and 51% emp	Anonths Anonths Anonths Ible Family ployee participation)	n/a n/a 20% t \$0 24 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co Coinsuran Delta PP	Discount vered in Full vered in Full vered in Full vered in Full tce O	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$150 \$0 12 Months \$90 Coinsurance Delta Premier	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum
Enrollment Must Match Medical) Group Plans Exam Plus Lasic Preferred Enhanced + Computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ or a minimum of	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual employees and 51% emp	Anonths Anonths Anonths Ible Family ployee participation) 150 75	n/a n/a 20% f \$0 24 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co Coinsuran Delta PP	Discount vered in Full vered in Full vered in Full vered in Full toe O 50% 50%	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$150 \$0 12 Months \$90 Coinsurance Delta Premier 100%/80%/50%	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum \$1,000 \$2,000
Enrollment Must Match Medical) Group Plans Exam Plus Basic Preferred Inhanced + Computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed Plans - (requires a minimum of 2+ of the computer	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual employees and 51% em \$50/\$1 \$25/\$	Anonths Anonths Anonths Ible Family ployee participation) 150 75	n/a n/a 20% \$0 24 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co Coinsuran Delta PP 100%/90%/5 100%/80%/5	Discount vered in Full vered in Full vered in Full vered in Full toe O 50% 50%	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$150 \$0 12 Months \$90 Coinsurance Delta Premier 100%/80%/50% 100%/80%/50%	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum \$1,000 \$2,000 \$1,000
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Enrollment Must Match Medical) Group Plans xam Plus asic referred nhanced + omputer Vision Care lelta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ of a m	\$10 12 M \$10 12 M \$10 12 M \$10 12 M \$10 12 M \$20 12 M Peduct Individual employees and 51% employees	Anonths Anonths Anonths Ible Family ployee participation) 150 75 or more enrolled)	n/a n/a 20% I \$0 24 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co Coinsuran Delta PP 100%/90%/ 100%/90%/ 100%/90%/ 50%	Discount vered in Full sered O 50% 50%	n/a n/a 20% Discount \$0 24 Months 5130 \$0 24 Months 5150 \$0 12 Months \$150 \$0 12 Months \$90 Coinsurance Delta Premier 100%/80%/50% 100%/80%/50% 100%/80%/50% 50%/60%/60% 80%/70%/40% 50%	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum \$1,000 \$2,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 Lifetime
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Enrollment Must Match Medical) Group Plans xam Plus assic referred hanced + computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ idan 1 Ilan 1 Ilan 2 Idan 3 Idan 4 amily Orthodontia - 10+ Employees Voluntary Plans - (requires the greater of Idan 5 - Low Option Ilan 6 - Medium Option USAble Life Enrollment Must Match Medical)	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual employees and 51% emp \$50/\$1 \$25/\$ \$50/\$1 \$25/\$ \$0 35% participation or 5 of \$50/\$1	Anonths Anonths Anonths Ible Family Ployee participation) 150 75 150 17 more enrolled) 150	n/a n/a 20% I \$0 24 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co Coinsuran Delta PP 100%/90%/ 100%/80%/5 100%/80%/5 100%/80%/5 100%/80%/5	Discount vered in Full vered in Full vered in Full vered in Full ce O 50% 50% 50% 50%	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$50 \$0 12 Months \$90 Coinsurance Delta Premier 100%/80%/50% 100%/80%/50% 100%/80%/50% 80%/70%/40% 50% 80%/70%/40% 80%/70%/40% Bureau Healthcare For Your Business	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum \$1,000 \$2,000 \$1,000 \$1,500 \$1,000 Lifetime \$1,000
Enrollment Must Match Medical) Group Plans Exam Plus Basic Ireferred Inhanced + Computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ or a minimum of	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual employees and 51% emp \$50/\$1 \$25/\$ \$50/\$1 \$25/\$ \$0 35% participation or 5 of \$50/\$1	Anonths Anonths Anonths Ible Family Family	n/a n/a 20% I \$0 24 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co Coinsuran Delta PP 100%/90%/ 100%/80%/5 100%/80%/5 100%/80%/5 100%/80%/5	Discount vered in Full vered in Full vered in Full vered in Full toe O 50% 50% 50% 50% Washington Farm Additional Informa	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$50 \$0 12 Months \$90 Coinsurance Delta Premier 100%/80%/50% 100%/80%/50% 100%/80%/50% 80%/70%/40% 50% 80%/70%/40% 80%/70%/40% Bureau Healthcare For Your Business	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum \$1,000 \$2,000 \$1,000 \$1,500 \$1,000 Lifetime \$1,000
Enrollment Must Match Medical) Group Plans Exam Plus Basic Oreferred Enhanced + Computer Vision Care Delta Dental of Washington Uncommon Enrollment Allowed) Group Plans - (requires a minimum of 2+ or	\$10 12 N \$10 12 N \$10 12 N \$10 12 N \$10 12 N Deduct Individual employees and 51% emp \$50/\$1 \$25/\$ \$50/\$1 \$25/\$ \$0 35% participation or 5 of \$50/\$1	Anonths Anonths Anonths ble Family ployee participation) 150 75 150 775 150 150 150 150 150 150 150 150 150 15	n/a n/a 20% I \$0 24 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co \$0 12 Months Co Coinsuran Delta PP 100%/90%/ 100%/80%/5 100%/80%/5 100%/80%/5 100%/80%/5	Discount vered in Full vered in Solv Solv Solv Solv Washington Farm Additional Informa - WFB Healthcare is a	n/a n/a 20% Discount \$0 24 Months \$130 \$0 24 Months \$150 \$0 12 Months \$150 \$0 12 Months \$90 Coinsurance Delta Premier 100%/80%/50% 100%/80%/50% 80%/70%/40% 80%/70%/40% 80%/70%/40% Bureau Healthcare For Your Business ation vailable to Washington's Agricultural Community	Allowance n/a n/a 15% Discount Up to \$60 24 Months \$13 Up to \$60 12 Months \$15 Up to \$60 12 Months \$15 Calendar Year Maximum \$1,000 \$2,000 \$1,000 \$1,500 \$1,000 Lifetime \$1,000
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