

Medical Coverage - 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
PPO 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						
PPO 70   1000	Heritage or Prime	\$40	\$1,000   \$2,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   1500	Heritage or Prime	\$40	\$1,500   \$3,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   2000	Heritage or Prime	\$40	\$2,000   \$4,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   2500	Heritage or Prime	\$40	\$2,500   \$5,000	70%   50%	\$10   \$50   \$80   \$250	\$6,000   \$12,000
PPO 70   3000	Heritage or Prime	\$40	\$3,000   \$6,000	70%   50%	\$10   \$50   \$80   \$250	\$7,000   \$14,000
PPO 70   4000	Heritage or Prime	\$40	\$4,000   \$8,000	70%   50%	\$10   \$50   \$80   \$250	\$7,000   \$14,000
PPO 70   5000	Heritage or Prime	\$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	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
PPO 70   8000	Heritage or Prime	\$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
100 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
Value Plan						
PPO 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						
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
HSA Plans						
HSA 1700	Heritage or Prime	\$0	\$1,700   \$3,400	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
*Essentials Formulary: Pref Generic   Pref Brand   Pref Specialty   All Non-Pref						
HMO Plans (HMO Plans use Premera's Sherwood HMO Network)		PCP   Specialist				
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 (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	
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	
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%	
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%	
\$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%	
Plan 6 - Medium Option	\$50/\$150		100%/80%/50%		80%/70%/40%	
USable Life (Enrollment Must Match Medical)		Group Term Life   AD&D			Washington Farm Bureau Healthcare For Your Business	
Additional Information						
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			
Dependent Life Rider - No AD&D	Spouse: \$5,000   Child(ren): \$2,500		- Call DiMartino Associates, General Agent; 800-681-7177			
First Choice Health - Employee Assistance Program (NEW!) (Available to All Enrolled Employees)						
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						