



Washington Farm Bureau Healthcare - Clark County
Benefit Plans At A Glance

For Effective Dates 12/01/2026 through 11/30/2027

Medical Coverage - LifeWise	Office Visit Copay	Deductible Individual Family	Coinsurance INN OON	Prescription Drug Coverage	Out-of-Pocket Max Indiv. 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 \$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
70 Series 70% Copay Plans					
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
100 Series 100% Copay Plan					
PPO 100 5500	\$40	\$5,500 \$11,000	100% 80%	\$10 \$50 \$80 \$250	\$7,000 \$14,000
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
HSA Plans					
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
Vision Service Plan (Enrollment Must Match Medical)	Exams Copay Frequency	Lenses Copay Frequency Allowance		Frames Copay Frequency Allowance	Contacts Copay Freq. Allow.
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
USABLE Life (Enrollment Must Match Medical)	Group Term Life AD&D		Washington Farm Bureau Healthcare For Your Business		
Group Plans			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			
First Choice Health - Employee Assistance Program (Available to All Enrolled Employees)					
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.					