WFB Healthcare

Washington Farm Bureau Healthcare

Benefit Plans At A Glance

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

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
HMO Plans (HMO Plans use Premera's Sherwood HMO Network)		PCP | Specialist			***Essentials Formulary: Pref Generic | Pref Brand | Pref Specialty | All Non-Pref**	
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	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
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 *(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.

Washington Farm Bureau Healthcare Partners

Premera Blue Cross | Premera HMO | vsp VISION | Delta Dental | USAble Life | First Choice Health | DiMartino Associates Employee Benefits Consulting