

## **Washington Farm Bureau Healthcare**

Benefit Plans At A Glance

For Effective Dates 10/01/2017 through 09/01/2018

20 Series   150% Copay Plane   Prime or Plan   500   520	80   250	\$8,000 \$8,000 \$8,000 \$6,000 10,000 10,000 12,000
Prime or Prime   Sul	80   250	\$8,000 \$8,000 \$8,000 \$6,000 10,000 10,000 12,000
## 2019 13:20   Prime or Plus   \$30   \$300   \$300   \$300   \$300   \$300   \$300   \$300   \$400   \$300   \$400   \$400   \$400   \$500   \$500   \$500   \$500   \$500   \$500   \$600   \$500   \$600   \$500   \$600	80   350	\$8,000 \$8,000 \$8,000 \$6,000 10,000 10,000 12,000
Page   1900   Prime or Plus   5300   5500	80   500	\$8,000 \$8,000 \$8,000 10,000 10,000 12,000 12,000
20 00   20 0	80   750	\$8,000 \$8,000 10,000 10,000 10,000 12,000 12,000
1000   1000	80   1000	\$8,000 10,000 10,000 10,000 12,000
10.00   1500   Prime or Plus   530   53.00   15.00	80   1500	10,000 10,000 10,000 12,000
200   2000   Prime or Piles   530   \$2,000   520,000	80   2000 Prime or Plus \$30 \$2,000   \$4,000 80%   50% \$10   \$40   \$70 \$5,000   \$80   2500 Prime or Plus \$30 \$2,500   \$5,000 80%   50% \$10   \$40   \$70 \$5,000   \$80   3000 Prime or Plus \$30 \$3,000   \$6,000 80%   50% \$10   \$40   \$70 \$6,000   \$80   4000 Prime or Plus \$30 \$4,000   \$8,000 80%   50% \$10   \$40   \$70 \$6,000   \$80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$10   \$	10,000 10,000 12,000 12,000
10.00   2500   Prime or Pita   \$0   \$2,200   \$5,000   \$00, 800, 800, 800, 800, 800   \$	80   2500 Prime or Plus \$30 \$2,500   \$5,000 80%   50% \$10   \$40   \$70 \$5,000   \$80   3000 Prime or Plus \$30 \$3,000   \$6,000 80%   50% \$10   \$40   \$70 \$6,000   \$80   4000 Prime or Plus \$30 \$4,000   \$8,000 80%   50% \$10   \$40   \$70 \$6,000   \$80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$10   \$10	10,000 12,000 12,000
20.00   20.00   Prime or Plus   \$30   \$3.00   \$4.00   \$2.00	80   3000 Prime or Plus \$30 \$3,000   \$6,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   4000 Prime or Plus \$30 \$4,000   \$8,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ 80   5000 Prime or Plus \$30 \$6,000   \$	12,000
20.00   20.00   Prime or Plus   50   \$4,000   \$10,000   \$00   \$00   \$10   \$50   \$10   \$40   \$70   \$4,000   \$12   \$00   \$10   \$00   \$10   \$00   \$10   \$00   \$10   \$00   \$10   \$00   \$10   \$00   \$10	80   4000 Prime or Plus \$30 \$4,000   \$8,000 80%   50% \$10   \$40   \$70 \$6,000   \$80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$10,000 \$10,000 \$10   \$40   \$70 \$10,00	12,000
Series   1906 Copay Plans   Sub	80   5000 Prime or Plus \$30 \$5,000   \$10,000 80%   50% \$10   \$40   \$70 \$6,000   \$ eries   <b>70% Copay Plans</b>	
	eries   70% Copay Plans	12,000
Port   1900		
10.20   15.00   Prime or Plus   \$40   \$1.00   \$3.000   70%   \$50%   \$10   \$50   \$50   \$50   \$500   \$5.00   \$1.00   \$2.00   \$4.00   \$4.00   \$	70   1000 Prime or Plus \$40 \$1,000   \$2,000 70%   50% \$10   \$50   \$80 \$5,000   \$	
20   20   20   20   Prime or Plus   540   \$2,000   \$4,000   70   \$1,000   \$10   \$50   \$80   \$5,000   \$10,000   \$10   \$20   \$		
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	70   3000 Prime or Plus \$40 \$3,000   \$6,000 70%   50% \$10   \$50   \$80 \$6,000   \$	12,000
OOD		
Post   Discomposition   Prime or Plus   \$40   \$5.500   \$11,000   100%   80%   \$10   \$50   \$80   \$6,000   \$12,000	70   6000 Prime or Plus S40 70%   50% S10   580	
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PO SO   1000	eries   50% Coinsurance Plans	
PO SO   1000	50   0 Prime or Plus \$0 \$0   \$0   50%   50%   50%   50%   \$4,000   \$	\$8,000
SA Plans		10,000
SA Plans		
SA 1500   Prime or Plus   SO   \$1,500   \$3,000   80%   60%   80%   \$4,000   \$8,000   \$1,000   \$8,000   \$1,000		
SA 2500   Prime or Plus   SO   \$2,500   \$50,000   80%   60%   80%   \$50,000   \$10, \$25,000   \$		\$2,000
SA 3500   Prime or Plus   \$0   \$3,500   \$7,000   80%   60%   80%   \$5,000   \$10,500   \$20,500		
SA 5500   Prime or Plus   \$0   \$5,500   \$11,000   80%   60%   80%   \$6,000   \$12,		
Exams		
Exams   Copay   Frequency   Copay   Frequency   Copay   Frequency   Allowance   Copay   Frequency   Copay   Frequency   Copay   Frequency   Copay   Frequency   Copay   Copay   Copay   Frequency   Copay		
Stop   Plans - Enrollment Must Match Medical   Stop   12 Months   N/a   N/a   20% Discount   N/a   N/a   20% Discount   N/a   N/a   15% Discount   N/a   N/a   15% Discount   N/a   N/a   10% Discount   N/a   N/a   15% Discount   N/a   N/a   10% Discount   N/a   N/a   15% Discount   N/a   N/a   10% Discount   N/a   N/a   10% Discount   N/a   N/a   15% Discount   N/a   N/a   10% Discount   N/a   N/a   15% Discount   N/a   N/a   10% Discount   N/a   N	on Service Plan  Copay   Frequency   Copay   Copay   Frequency   Copay   Frequency   Copay   Frequency   Copay   Frequency   Copay   Frequency   Copay   Frequency   Copay   Copay   Frequency   Copay	quency
Stant   12 Months   12 M		iice
Sasic   Sin   12 Months   So   24 Months   Covered In Full   So   24 Months   Sin   Up to \$60   24 Months   Sin   12 Months   Sin		% Discount
Storage   Stor		
So   12 Months   Covered In Full   So   12 Months   Si		
Deductible   Coinsurance   Coi		10111115   \$13
Individual   Family   Delta PPO   Delta Premier   Maximum   Proup Plans - Employee Enrollment Must Match Medical, Dependent Enrollment May Be Uncommon	\$10   12 Months   Un to \$60   12 M	Ionths   \$15
	a Dental of Washington	
San 1		
san 2 \$25/\$75 100%/90%/50% 100%/80%/50% \$2,000 an 3 (new) \$50/\$150 100%/80%/50% 100%/80%/50% \$1,000 an 4 \$25/\$75 100%/90%/50% 80%/70%/40% \$1,500 an 4 \$25/\$75 100%/90%/50% \$0 \$50% \$0 \$50% \$1,000 Lifeting of the common (requires the greater of 35% participation or 5 or more enrolled)  Sow Option \$50/\$150 100%/80%/50% 80%/70%/40% \$1,000 and the common of the		0
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roup Plans - Enrollment Must Match Medical an 1   Mandatory an 2 \$15,000 an 3 \$25,000 an 3 \$25,000 consolidated Billing and COBRA Administration are included in premiums an 3 \$25,000 an 4 - 5+ Employees		
FeMap Assurance Company  Group Term Life   AD&D  Washington Farm Bureau Healthcare For Your Business  Additional Information  an 1   Mandatory  \$10,000  - WFB Healthcare is available to Washington's Agricultural Community an 2  \$15,000  - Consolidated Billing and COBRA Administration are included in premiums an 3  \$25,000  - Over 150 Washington insurance brokers sell and service WFB Healthcare an 4 - 5+ Employees  \$50,000  - Other Agricultural Associations endorse WFB Healthcare		
Additional Information  an 1   Mandatory \$10,000 - WFB Healthcare is available to Washington's Agricultural Community  an 2 \$15,000 - Consolidated Billing and COBRA Administration are included in premiums  an 3 \$25,000 - Over 150 Washington insurance brokers sell and service WFB Healthcare  an 4 - 5+ Employees \$50,000 - Other Agricultural Associations endorse WFB Healthcare		0
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an 2 \$15,000 - Consolidated Billing and COBRA Administration are included in premiums an 3 \$25,000 - Over 150 Washington insurance brokers sell and service WFB Healthcare an 4 - 5+ Employees \$50,000 - Other Agricultural Associations endorse WFB Healthcare	up Plans - Enrollment Must Match Medical Additional Information	
an 3 \$25,000 - Over 150 Washington insurance brokers sell and service WFB Healthcare an 4 - 5+ Employees \$50,000 - Other Agricultural Associations endorse WFB Healthcare	1   Mandatory \$10,000 - WFB Healthcare is available to Washington's Agricultural Community	
an 4 - 5+ Employees \$50,000 - Other Agricultural Associations endorse WFB Healthcare	2 \$15,000 - Consolidated Billing and COBRA Administration are included in premiums	
. ,	3 \$25,000 - Over 150 Washington insurance brokers sell and service WFB Healthcare	
	4 - 5+ Employees \$50,000 - Other Agricultural Associations endorse WFB Healthcare	
ependent Life Nider - No ADQD Spouse. عربات المعارفة على المعارفة	endent Life Rider - No AD&D Spouse: \$5,000   Child(ren): \$2,500 - Call DiMartino Associates, General Agent; 800-681-7177	















## **Request For Quote Form**

GROUP AND BROKER INFORMATION					
Broker House					
Broker Name	Current Broker?				
Phone	Fax				
Email					

Name of Group				
Address/City/State				
Zip Code		County		
Years in Business		WFB Membe	rship Number	
Requested Eff. Date		WFB Retro S	afety Program Member?	
Industry Description				
sic		Web Site		
NAICS				
Enrollment Eligibility				
1)	All FTE	Hours Per Week		
2)	Other	Comment		

Name or Unique			use or DP	# of Medical Plan		Dental		
Employee Identifier	Zip Code	Gender	DOB	Y/N	DOB	Children	Election	Election
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## Send Completed Request For Quote Form To WFB Healthcare quotes@wfbhealthcare.com FAX: 206-812-7556 Pho

Phone: 800-681-7177

MEDICAL PLAN INFORMATIO	N						
Medical Renewal Date							
		Plan 1			Dual Cho	oice/Plan	2
Current Medical Carrier							
Current Association (if Applicable							
Current Medical Plan Design							
	Plan Nar	ne OR Deductible/	'Copay/Coin	surance/C	out-Of-Pock	et Maxim	um/Rx
Rates:	Current	Renewal		Current	Renewal	Age Ra	ted Totals
Employee Only						Current	Renewal
Employee & Spouse						Р	lan 1
Employee & Child							
Employee & Children						Р	lan 2
Employee & Spouse & Child							
Employee & Spouse & Ch(ren)							
Employer Contribution:							
Employee							
Dependent							
DENTAL PLAN INFORMATION							
Dental Renewal Date		Dental					
Current Dental Carrier		Dentai					
Current Association (i							
Current Dental Plan Design							
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Rates:	Current	Renewal					
Employee Only							
Employee & Spouse							
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Employer Contribution:							
Employee							
Dependent							

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