

Premera Blue Cross - Medical	Heritage Provider Network	Office Visit Copay	Deductible Individual Family	Coinsurance In-Network Out-of-Network	Prescription Drug Coverage	Out-of-Pocket Maximum Individual Family	
80 Series 80% Copay Plans							
PPO 80 250	Prime or Plus	\$30	\$250 \$500	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000	
PPO 80 350	Prime or Plus	\$30	\$350 \$700	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000	
PPO 80 500	Prime or Plus	\$30	\$500 \$1,000	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000	
PPO 80 750	Prime or Plus	\$30	\$750 \$1,500	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000	
PPO 80 1000	Prime or Plus	\$30	\$1,000 \$2,000	80% 50%	\$10 \$40 \$70	\$4,000 \$8,000	
PPO 80 1500	Prime or Plus	\$30	\$1,500 \$3,000	80% 50%	\$10 \$40 \$70	\$5,000 \$10,000	
PPO 80 2000	Prime or Plus	\$30	\$2,000 \$4,000	80% 50%	\$10 \$40 \$70	\$5,000 \$10,000	
PPO 80 2500	Prime or Plus	\$30	\$2,500 \$5,000	80% 50%	\$10 \$40 \$70	\$5,000 \$10,000	
PPO 80 3000	Prime or Plus	\$30	\$3,000 \$6,000	80% 50%	\$10 \$40 \$70	\$6,000 \$12,000	
PPO 80 4000	Prime or Plus	\$30	\$4,000 \$8,000	80% 50%	\$10 \$40 \$70	\$6,000 \$12,000	
PPO 80 5000	Prime or Plus	\$30	\$5,000 \$10,000	80% 50%	\$10 \$40 \$70	\$6,000 \$12,000	
70 Series 70% Copay Plans							
PPO 70 1000	Prime or Plus	\$40	\$1,000 \$2,000	70% 50%	\$10 \$50 \$80	\$5,000 \$10,000	
PPO 70 1500	Prime or Plus	\$40	\$1,500 \$3,000	70% 50%	\$10 \$50 \$80	\$5,000 \$10,000	
PPO 70 2000	Prime or Plus	\$40	\$2,000 \$4,000	70% 50%	\$10 \$50 \$80	\$5,000 \$10,000	
PPO 70 2500	Prime or Plus	\$40	\$2,500 \$5,000	70% 50%	\$10 \$50 \$80	\$5,000 \$10,000	
PPO 70 3000	Prime or Plus	\$40	\$3,000 \$6,000	70% 50%	\$10 \$50 \$80	\$6,000 \$12,000	
PPO 70 4000	Prime or Plus	\$40	\$4,000 \$8,000	70% 50%	\$10 \$50 \$80	\$6,000 \$12,000	
PPO 70 6000	Prime or Plus	\$40	INN: \$6,000 \$12,000 OON: \$18,000 \$36,000	70% 50%	\$10 \$50 \$80	INN: \$6,850 \$13,700 OON: N/A	
100 Series 100% Copay Plan							
PPO 100 5500	Prime or Plus	\$40	\$5,500 \$11,000	100% 80%	\$10 \$50 \$80	\$6,000 \$12,000	
50 Series 50% Coinsurance Plans							
PPO 50 0	Prime or Plus	\$0	\$0 \$0	50% 50%	50% 50%	\$4,000 \$8,000	
PPO 50 1000	Prime or Plus	\$0	\$1,000 \$2,000	50% 50%	50% 50%	\$5,000 \$10,000	
PPO 50 2000	Prime or Plus	\$0	\$2,000 \$4,000	50% 50%	50% 50%	\$5,000 \$10,000	
HSA Plans							
HSA 1500	Prime or Plus	\$0	\$1,500 \$3,000	80% 60%	80%	\$4,000 \$8,000	
HSA 2500	Prime or Plus	\$0	\$2,500 \$5,000	80% 60%	80%	\$5,000 \$10,000	
HSA 3500	Prime or Plus	\$0	\$3,500 \$7,000	80% 60%	80%	\$5,000 \$10,000	
HSA 5500	Prime or Plus	\$0	\$5,500 \$11,000	80% 60%	80%	\$6,000 \$12,000	
Vision Service Plan	Exams Copay Frequency		Lenses Copay Frequency Allowance		Frames Copay Frequency Allowance		Contacts Copay Frequency Allowance
Group Plans - Enrollment Must Match Medical							
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 \$10 12 Months Covered In Full		\$0 12 Months \$150 \$10 12 Months \$90		Up to \$60 12 Months \$150
Delta Dental of Washington	Deductible Individual Family		Coinsurance Delta PPO		Coinsurance Delta Premier		Calendar Year Maximum
Group Plans - Employee Enrollment Must Match Medical, Dependent Enrollment May Be Uncommon							
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 (new)	\$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 - Enrollment May Be Uncommon (requires the greater of 35% participation or 5 or more enrolled)							
Low Option	\$50/\$150		100%/80%/50%		80%/70%/40%		\$1,000
Medium Option	\$50/\$150		100%/80%/50%		80%/70%/40%		\$1,500
LifeMap Assurance Company	Group Term Life AD&D			Washington Farm Bureau Healthcare For Your Business			
Group Plans - Enrollment Must Match Medical							
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			
Washington Farm Bureau Healthcare Partners							



Request For Quote Form

Send Completed Request For Quote Form To WFB Healthcare
quotes@wfbhealthcare.com FAX: 206-812-7556 Phone: 800-681-7177

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 Membership Number		
Requested Eff. Date	WFB Retro Safety Program Member?		
Industry Description			
SIC	Web Site		
NAICS			
Enrollment Eligibility			
1)	All FTE	Hours Per Week	
2)	Other	Comment	

Name or Unique Employee Identifier	Zip Code	Employee		Spouse or DP		# of Children	Medical Plan Election	Dental Election
		Gender	DOB	Y/N	DOB			
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2								
3								
4								
5								
6								
7								
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10								
11								
12								
13								
14								
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MEDICAL PLAN INFORMATION

Medical Renewal Date		
	Plan 1	Dual Choice/Plan 2
Current Medical Carrier		
Current Association (if Applicable)		
Current Medical Plan Design		
	<i>Plan Name OR Deductible/Copay/Coinsurance/Out-Of-Pocket Maximum/Rx</i>	
Rates:	Current	Renewal
Employee Only		
Employee & Spouse		
Employee & Child		
Employee & Children		
Employee & Spouse & Child		
Employee & Spouse & Ch(ren)		
Employer Contribution:		
Employee		
Dependent		

DENTAL PLAN INFORMATION

Dental Renewal Date		
	Dental	
Current Dental Carrier		
Current Association (i		
Current Dental Plan Design		
	<i>Deductible/Coinsurance/Annual Maximum</i>	
Rates:	Current	Renewal
Employee Only		
Employee & Spouse		
Employee & Child		
Employee & Children		
Employee & Spouse & Child		
Employee & Spouse & Children		
Employer Contribution:		
Employee		
Dependent		

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