

Medical - Premera Blue Cross & Premera Blue Cross HMO	Deductible (Individual/Family) In Network: INN Out of Network: OON	Coinsurance (No POCs Plan) In Network / Out of Network	Out of Pocket Max (Individual/Family) In Network Only	Office Visit Copay In-Network (Deductible Waived In-Network Unless Otherwise Indicated)	Prescription Drugs (Generic/Preferred Specialty (Non-Preferred In-Network Provider - Essentials Rx))
PPO Plans available on Heritage and Heritage Prime Networks. HMO Plans available on Premera's Sherwood HMO Network only.					
*EPO 90 400	INN: \$400 \$1,200 OON: No Coverage	90% 0%	\$2,250 \$6,750	\$30	\$15 \$30 \$50 30%
PPO 80 400	INN: \$400 \$1,200 OON: \$800 \$2,400	80% 50%	\$3,050 \$9,150	\$25	\$15 \$30 \$50 30%
PPO 80 600	INN: \$600 \$1,800 OON: \$1,200 \$3,600	80% 50%	\$3,750 \$11,250	\$30	\$15 \$30 \$50 30%
PPO 80 850	INN: \$850 \$2,550 OON: \$1,700 \$5,100	80% 50%	\$4,500 \$9,000	\$30	\$15 \$30 \$50 30%
PPO 80 1100	INN: \$1,100 \$3,300 OON: \$2,200 \$6,600	80% 50%	\$5,250 \$10,500	\$30	\$15 \$30 \$50 30%
PPO 80 1500	INN: \$1,500 \$3,000 OON: \$3,000 \$6,000	80% 50%	\$5,000 \$10,000	\$30	\$15 \$30 \$50 30%
PPO 80 2000	INN: \$2,000 \$4,000 OON: \$4,000 \$8,000	80% 50%	\$5,000 \$10,000	\$30	\$15 \$30 \$50 30%
PPO 80 2600	INN: \$2,600 \$7,800 OON: \$5,200 \$15,600	80% 50%	\$6,350 \$12,700	\$30	\$15 \$30 \$50 30%
PPO 80 3400	INN: \$3,400 \$6,800 OON: \$6,800 \$13,600	80% 50%	\$6,350 \$12,700	\$30	\$15 \$30 \$50 30%
PPO 80 5500	INN: \$5,500 \$11,000 OON: \$11,000 \$22,000	80% 50%	\$8,000 \$16,000	\$30	\$15 \$30 \$50 30%
PPO 70 3000	INN: \$3,000 \$6,000 OON: \$6,000 \$12,000	70% 50%	\$7,000 \$14,000	\$40	\$15 \$30 \$50 30%
PPO 70 4000	INN: \$4,000 \$8,000 OON: \$8,000 \$16,000	70% 50%	\$8,000 \$16,000	\$40	\$15 \$30 \$50 30%
PPO 70 5000	INN: \$5,000 \$10,000 OON: \$10,000 \$20,000	70% 50%	\$8,000 \$16,000	\$40	\$15 \$30 \$50 30%
PPO 70 6000	INN: \$6,000 \$12,000 OON: \$12,000 \$24,000	70% 50%	\$8,000 \$16,000	\$40	\$15 \$30 \$50 30%
PPO 100 8550	INN: \$8,550 \$17,100 OON: \$17,100 \$34,200	100% 50%	\$8,550 \$17,100	\$30	\$15 \$30 \$50 30%
HSA 80 1700	INN: \$1,700 \$3,400 OON: Shared w/In Network	80% 50%	\$4,000 \$8,000	\$0 Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HSA 80 2500	INN: \$2,500 \$5,000 OON: Shared w/In Network	80% 50%	\$5,000 \$10,000	\$0 Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HSA 80 5000	INN: \$5,000 \$10,000 OON: Shared w/In Network	80% 50%	\$7,000 \$14,000	\$0 Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HMO 80 1000	\$1,000 \$2,000 (INN only)	80%	\$4,000 \$8,000	\$5 \$60	\$15 \$30 \$50 30%
HMO 80 2000	\$2,000 \$4,000 (INN only)	80%	\$4,000 \$8,000	\$5 \$60	\$15 \$30 \$50 30%
HMO 80 3000	\$3,000 \$6,000 (INN only)	80%	\$6,000 \$12,000	\$5 \$60	\$15 \$30 \$50 30%
HMO 80 4000	\$4,000 \$8,000 (INN only)	80%	\$8,000 \$16,000	\$10 \$65	\$15 \$30 \$50 30%
HMO 70 5000	\$5,000 \$10,000 (INN only)	70%	\$9,200 \$18,400	\$10 \$65	\$15 \$30 \$50 30%

*EPO 90|400 Plan available on Heritage Network only.

(1) Family aggregate deductible: Entire family deductible must be met before coinsurance benefits apply to an individual within the family.
(2) Family embedded OOP: The annual OOP for any one member cannot be more than the individual OOP.
(3) Family aggregate OOP: The family maximum must be met before benefits for anyone within the family are paid at 100%.

Premiera Dual Choice: Groups of 10+ enrolled employees may select up to 2 plans as permissible per the dual choice matrix. Plan combinations must be within the same network.
A minimum of 2 employees must be enrolled in each plan.

Medical - Kaiser Permanente	Deductible (Individual/Family) In Network Only	Coinsurance Core Network Only	Out of Pocket Max (Individual/Family) In Network Only	Office Visit Copay (Deductible & Coinsurance Apply)	Prescription Drugs (Generic Brand)
Kaiser Permanente - HMO (No Out of Network Benefits)					
HMO 90 500	\$500 \$1,000	90%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 750	\$750 \$1,500	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 1000	\$1,000 \$2,000	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 1500	\$1,500 \$3,000	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 2000	\$2,000 \$4,000	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 3000	\$3,000 \$6,000	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO HSA 80 1700	\$1,700 \$3,400	80%	\$3,500 \$7,000	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HMO HSA 80 2500	\$2,500 \$5,000	80%	\$5,000 \$8,500	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HMO HSA 80 4500	\$4,500 \$7,500	80%	\$7,000 \$8,500	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance

(1) Welcome Rider: Lab and X-ray services covered in full up to \$500 per calendar year. Subsequent visits covered are subject to the applicable outpatient services copay and at the plan coinsurance amount after the annual deductible is satisfied.
(2) Family aggregate deductible: The entire family deductible must be met before coinsurance benefits apply to any individual within the family.
(3) Family aggregate OOP: The family maximum must be met before benefits for anyone within the family are paid at 100%.

First Choice Health EAP

Basic EAP Plan		Included in all Medical plans - Up to 3 in-person assessment sessions per issue/per person/per year Services include legal and financial consultations, childcare and family referral services as well as elder and adult care services.				
Enhanced EAP plan		Includes all Basic EAP services plus up to 5 in-person assessment sessions per issue/per person/per year				
Delta Dental of Washington		Deductible PPO Premier Non-Par (Individual/Family)	Class I (PPO Premier Non-Par)	Class II (PPO Premier Non-Par)	Class III (PPO Premier Non-Par)	Maximum
Plan A (Incentive)		\$0/\$0 \$50/\$150 \$50/\$150	70-100%	70-100%	50%	\$2,000
Plan B (Incentive)		\$0/\$0 \$100/\$300 \$100/\$300	70-100%	70-100%	50%	\$2,000
Plan C	\$0 / \$0		100% 80% 80%	80% 70% 70%	50% 40% 40%	\$2,000
Plan D	\$50/\$150		90% 70% 70%	70% 60% 60%	50% 40% 40%	\$1,000
Plan E	\$50/\$150		100% \$100 \$100	90% 80% 80%	50% 50% 50%	\$2,000
Plan F	\$50/\$150		90% 70% 70%	70% 60% 60%	50% 40% 40%	\$1,500
Orthodontia Rider		Available for Adults & Children 50% and \$1,000 Lifetime Maximum per person				
Class III & Orthodontia Benefits		Covered after 12 months of continuous coverage				
Delta Delta & Willamette Dual Choice: A Delta plan may be combined with a Willamette plan. A minimum of 10 employees must be enrolled in the Delta plan. Groups of 50+ may offer 2 Delta plans with a Willamette plan.						
Willamette Dental of Washington, Inc.						
Staff Plan		\$25 office visit copay See Summary for schedule of copays for services performed Orthodontia included with no waiting period				
VSP Vision (Choice Network)		Exams Copay Frequency	Lenses Copay Frequency	Frames Allowance Freq.		
Plan 1 (V1)		\$25 12 Mo.	\$25 12 Mo.	\$190 24 Mo.		
Plan 2 (V2)		\$25 24 Mo.	\$25 24 Mo.	\$190 24 Mo.		
Plan 3 (V3): Core		\$25 12 Mo.	Exam Only Plan - Extra Savings Available (see plan summary)			
Buy Up		\$25 12 Mo.	\$25 12 Mo.	\$190 24 Mo.		
Plan 4 (V4)		\$25 12 Mo.	\$25 12 Mo.	\$190 12 Mo.		

Standard Insurance Company	
Employee Life + AD&D	
Plan 1	1 X Annual Salary to \$300,000
Plan 2	2 X Annual Salary to \$300,000
Plan 2.5	2.5 X Annual Salary to \$400,000
Plan 3	3 X Annual Salary to \$500,000
Plan 5	Flat \$50,000
Plan 6	Flat \$25,000
Plan 7 (Mandatory if No Other Basic Life/AD&D Plan is Selected)	Flat \$15,000
Short Term Disability	
Plan 1	60% up to the first \$3,333 of weekly pre-disability payroll, up to \$2K weekly max
Plan 2	70% up to the first \$2,857 of weekly pre-disability payroll, up to \$2K weekly max
Long Term Disability	
Plan 1	60% of first \$25K Payroll, up to \$15K/mo max; 2-year Own Occupation after 90 Days
Plan 2	60% of first \$25K Payroll, up to \$15K/mo max; Own Occupation to SSNRA after 90 Days
Plan 3	66 2/3% of first \$22.5K Payroll, up to \$15K/mo max; 2-year Own Occupation after 90 Days
Plan 4	66 2/3% of first \$22.5K Payroll, up to \$15K/mo max; Own Occupation to SSNRA after 90 Days
Plan 5	60% of first \$10K Payroll, up to \$6K/mo max; 2-year Own Occupation after 90 Days
Plan 6	60% of first \$10K Payroll, up to \$6K/mo max; Own Occupation to SSNRA after 90 Days
Voluntary Life	
Employee	5 X Annual Salary to \$300,000; Guarantee Issue \$80,000
Spouse	50% of Employee Election to \$150,000; Guarantee Issue \$20,000
Children	50% of Employee Election: \$5,000 or \$10,000; All Guarantee Issue
Voluntary AD&D	
Employee: 10X Annual Salary to \$500,000	If dependents are elected, the amount of insurance will be as follows: Spouse Only: 50% of Employee amount Children Only: 20% of Employee amount for each child Spouse & Children: 50% of Employee for Spouse, 5% of Employee for each child
Metropolitan Life Insurance Company	
MetLife Insurance - Voluntary Worksite	
Voluntary Accident	Low Plan or High Plan - Benefit Type by Schedule of events/services
Voluntary Critical Illness	Low Plan \$15,000 High Plan \$30,000 Initial Benefit; 50% Spouse or Dependent Children Maximum Benefit is 300% of Initial Benefit
Voluntary Hospital Indemnity	Low Plan \$500 Admission / \$100 Confinement High Plan \$1,000 Admission / \$200 Confinement
MetLife Legal Plans	
Voluntary Group Legal	Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.