



Northwest Financial Associations Employee Benefit Trust

All Lines of Coverage - Oregon
For Effective Dates 1/1/2022 to 12/1/2022

Regence BlueCross BlueShield of Oregon Innova & Classic Networks	Deductible (Individual/Family)	Coinsurance (In Network Out of Network)	Out of Pocket Max (Individual/Family)	Office Visit Copay (Pref Par Non Par)	Prescription Drugs (Retail)
Regence PPO Plans	In & Out of Network		Per Calendar Year		
PPO 80 500 (Innova)	\$500 \$1,000	80% 60%	\$3,500 \$7,000	\$20 \$35 60%	\$10 \$35 \$75
PPO 80 1000 (Innova)	\$1,000 \$2,000	80% 60%	\$4,000 \$8,000	\$20 \$35 60%	\$10 \$35 \$75
PPO 80 1500 (Innova)	\$1,500 \$3,000	80% 60%	\$4,500 \$9,000	\$20 \$35 60%	\$10 \$35 \$75
PPO 80 2000 (Innova)	\$2,000 \$4,000	80% 60%	\$5,000 \$10,000	\$25 \$35 60%	\$10 \$35 \$75
PPO 80 2500 (Innova)	\$2,500 \$5,000	80% 60%	\$5,000 \$10,000	\$25 \$35 60%	\$10 \$35 \$75
PPO 80 3000 (Innova)	\$3,000 \$6,000	80% 60%	\$5,000 \$10,000	\$25 \$35 60%	\$10 \$35 \$75
PPO 80 3500 (Innova)	\$3,500 \$7,000	80% 60%	\$5,000 \$10,000	\$25 \$35 60%	\$10 \$35 \$75
PPO 80 5000 (Innova)	\$5,000 \$10,000	80% 60%	\$6,500 \$13,000	\$25 \$35 60%	\$10 \$35 \$75
PPO 70 1500 (Innova)	\$1,500 \$3,000	70% 50%	\$4,500 \$9,000	\$30 \$45 50%	\$10 \$35 \$75
PPO 70 2000 (Innova)	\$2,000 \$4,000	70% 50%	\$5,000 \$10,000	\$30 \$45 50%	\$10 \$35 \$75
PPO 70 2500 (Innova)	\$2,500 \$5,000	70% 50%	\$5,000 \$10,000	\$30 \$45 50%	\$10 \$35 \$75
PPO 70 3000 (Innova)	\$3,000 \$6,000	70% 50%	\$5,000 \$10,000	\$30 \$45 50%	\$10 \$35 \$75
PPO 70 5000 (Innova)	\$5,000 \$10,000	70% 50%	\$6,500 \$13,000	\$30 \$45 50%	\$10 \$35 \$75
PPO 100 7900 (Classic)	\$7,900 \$15,800	100% 100%	\$7,900 \$15,800	\$30 INN 100% OON	\$10 \$35 \$75
HSA Plans					
HSA 80 1500 (Innova)	\$1,500 \$3,000	80% 60%	\$4,500 \$9,000	80% 60% 60%	80%
HSA 80 2500 (Innova)	\$2,500 \$5,000	80% 60%	\$5,000 \$10,000	80% 60% 60%	80%
HSA 80 3500 (Innova)	\$3,500 \$7,000	80% 60%	\$5,000 \$10,000	80% 60% 60%	80%
HSA 80 5000 (Innova)	\$5,000 \$10,000	80% 60%	\$7,000 \$14,000	80% 60% 60%	80%

Regence Dual Choice: Groups with less than 10 employees enrolled may select up to 2 plans. Groups with 10+ enrolled employees may select up to 3 plans. At least one employee must be enrolled in each plan.

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 <small>Services include legal and financial consultation, childcare and family referral services as well as elder and adult care services.</small>
Enhanced EAP Plan	Includes all Basic EAP services plus up to 5 in-person assessment sessions per issue/person/year

Delta Dental of Oregon	Deductible (Indiv Family)	Class I	Class II	Class III	Maximum
Plan B (Incentive)	\$50 \$150	Year 1=70%, Year 2=80%, Year 3=90%, Year 4=100%			\$2,000
Plan C (with Out of Network)	\$0 \$0	100% INN 80% OON	80% INN 60% OON	80% 60% 60%	\$2,000
Plan E	\$50 \$150	100%	80%	50%	\$2,000
Plan F	\$50 \$150	100%	80%	50%	\$1,500
Plan G	\$50 \$150	80%	80%	50%	\$1,000
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			

Willamette Dental

Staff Plan	\$25 office visit copay Schedule of copays for services performed Orthodontia included with no waiting period
Dental Dual Choice:	A Delta Dental plan may be combined with the Willamette Dental plan. At least 5 employees must be enrolled in the Delta Dental plan.

VSP Vision (Choice Network)	Exams Copay Frequency	Lenses Copay Frequency	Frames Allowance Freq.
Plan V1	\$25 12 Mo.	\$25 12 Mo.	\$190 24 Mo.
Plan V2	\$25 24 Mo.	\$25 24 Mo.	\$190 24 Mo.
Plan 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 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% to \$2,000 Weekly Benefit after 14 Days
Plan 2	70% to \$2,000 Weekly Benefit after 14 Days
Long Term Disability	
Plan 1	60% to \$15,000 Monthly Benefit; 2-year Own Occupation after 90 Days
Plan 2	60% to \$15,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days
Plan 3	66 2/3% to \$15,000 Monthly Benefit; 2-year Own Occupation after 90 Days
Plan 4	66 2/3% to \$15,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days
Plan 5	60% to \$6,000 Monthly Benefit; 2-year Own Occupation after 90 Days
Plan 6	60% to \$6,000 Monthly Benefit; 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

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