

## Northwest Financial Associations' (NWFA) Employee Benefit Trust

All Lines of Coverage - Washington For Effective Dates 01/01/2024 to 12/1/2024

Medical - Premera Blue Cross & Premera Blue Cross HMO PPO Plans available on Heritage and Heritage Prime Networks. HMO Plans available on Premera's Sherwood HMO Network only.	Deductible (Individual/Family) In Network: INN Out of Network: OON	Coinsurance (% Paid by 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 Genetic (Preferred (Speciality   Non-Preferred (In Network Provider - Essentials Re)
*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 INN: \$3,000   \$6,000	80%   50%	\$8,000   \$16,000	\$30	\$15   \$30   \$50   30%
PPO 70 3000	OON: \$6,000   \$8,000 INN: \$4,000   \$8,000	70%   50%	\$7,000   \$14,000	\$40	\$15   \$30   \$50   30%
PPO 70 4000	OON: \$8,000   \$8,000 INN: \$8,000   \$16,000 INN: \$5,000   \$10,000	70%   50%	\$8,000   \$16,000	\$40	\$15   \$30   \$50   30%
PPO 70 5000	OON: \$10,000   \$20,000 INN: \$6,000   \$12,000	70%   50%	\$8,000   \$16,000	\$40	\$15   \$30   \$50   30%
PPO 70 6000	OON: \$12,000   \$12,000 INN: \$8,550   \$17,100	70%   50%	\$8,000   \$16,000	\$40	\$15   \$30   \$50   30%
PPO 100 8550	OON: \$17,100   \$34,200 INN: \$1,600   \$3,200	100%   50%	\$8,550   \$17,100	\$30	\$15   \$30   \$50   30%
HSA 80 1600	OON: Shared w/In Network	80%   50%	\$3,750   \$7,500(2)	\$0 Subject to Deductible & Coinusurance	Subject to Deductible & Coinsurance
HSA 80 2500	OON: Shared w/In Network	80%   50%	\$5,000   \$10,000(2)	\$0 Subject to Deductible & Coinusurance	Subject to Deductible & Coinsurance Subject to
HSA 80 5000 HMO 80 1000	OON: Shared w/In Network \$1,000   \$2,000 (INN only)	80%   50% 80%	\$7,000   \$14,000 <sub>12</sub> \$4,000   \$8,000	\$0 Subject to Deductible & Coinusurance \$5   \$60	Deductible & Coinsurance \$15   \$30   \$50   30%
HMO 80 2000	\$2,000   \$2,000 (INN only)	80%	\$4,000   \$8,000		\$15   \$30   \$50   30%
HMO 80 2000 HMO 80 3000	\$3,000   \$6,000 (INN only)		\$6,000   \$12,000	\$5   \$60	\$15   \$30   \$50   30%
HMO 80 5000 HMO 80 4000	\$4,000   \$8,000 (INN only)	80% 80%	\$8,000   \$12,000	\$5   \$60 \$10   \$65	\$15   \$30   \$50   30%
HMO 8014000 HMO 7015000	\$5,000   \$8,000 (INN only) \$5,000   \$10,000 (INN only)	70%	\$9,450   \$18,900	\$10   \$65	\$15   \$30   \$50   30%

\*EPO 90|400 Plan available on Heritage Network only (1) Family aggregate deductible: Entire family deductibil (2) Family embedded OD<sup>a</sup>: The annual OD<sup>a</sup> for any one

The unit performance available on the image information (b) (1) Finally appreprise data for the short dotted from the the tabore consumes bendfis agely to a individual within the tamy (2) Finally apprecise data for the short dotted from the tabore consumes to bendfis agely to a individual dotted (2) Finally apprecise data for the short dotted from the individual dotted Premera 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 <sub>(1)</sub>	90%	\$5,000   \$10,000	\$20	\$20   \$40
HMO 80 750	\$750   \$1,500 <sub>(1)</sub>	80%	\$5,000   \$10,000	\$20	\$20   \$40
HMO 80 1000	\$1,000   \$2,000 <sub>(1)</sub>	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 1600	\$1,600   \$3,200	80%	\$3,500   \$7,000(3)	Subject to Deductible & Coinusurance	Subject to Deductible & Coinusurance
HMO HSA 80 2500	\$2,500   \$5,000 <sub>(2)</sub>	80%	\$5,000   \$8,500(3)	Subject to Deductible & Coinusurance	Subject to Deductible & Coinusurance
HMO HSA 80 4500 (1) Welcome Rider: Lab and X-ray services covered in full up to \$500 per calen	\$4,500   \$7,500	80%	\$7,000   \$8,500(3)	Subject to Deductible & Coinusurance	Subject to Deductible & Coinusurance
<ol> <li>Wetcome Hider: Lab and X-ray services covered in full up to 5500 per calen</li> <li>Family aggregate deductible: The entire family deductible must be met bef</li> </ol>			y and as the pain consurance amount	arter the annual deductible is satisfied.	

deductible must be met before coinsurance benefits apply to any individ ust be met before benefits for anyone within the family aer paid at 100% (2) Family (3) Family aggregate deductiole: The e aggregate OOP: The family

Descenting of entire of the entire	First Choice Health EAP								
Detactilie P0 [Resetty]         Chast    P0 [Resetty]         Chast    P0 [Resetty]         Chast    P0 [Resetty]         PC (Resetty]         PC (R	asic EAP Plan								
c) clinit of wraning continue         c) clinit of wraning continue <thc>          c) clinit of wranin c</thc>	nhanced EAP plan	Includes all Basic EAP services plus up to 5 in-person assessment sessions per issue/per person/per year							
Procession         Protect North	elta Dental of Washington		Class I	Class II	Class III				
B (increment)         Story () \$100/\$300         To-LONK         To-Sup ()         Sofk		(Individual/Family)	(PPO   Premier   Non-Par)	(PPO   Premier   Non-Par)	(PPO   Premier   Non-Par)				
n         100,1         100	an A (Incentive)	\$0/\$0   \$50/\$150   \$50/\$150	70-100%	70-100%		\$2,000			
n n n n n n n n n n n n n n n n n n n	an B (Incentive)								
n f       SDD(1 SDD)	an C				50%   40%   40%	\$2,000			
n f       SD0(1 SD0       SD0(1 SD0       SD0(1 SD0       SD0(1	an D	\$50/\$150	90%   70%   70%	70%   60%   60%	50%   40%   40%	\$1,000			
hadonts Beer and Ausile/ for Adults & Children 30% and 32.00 Uniene Mainum per person in 2000 and 200	an E	\$50/\$150	100%   \$100   \$100	90%   80%   80%	50%   50%   50%	\$2,000			
sin ik 2 forbidentik sentils Cover 4 fer 12 month of Carl and Section 2 for 2 feels a Value and Value 2 feels 4 Value 4 Value 4 Value 4 Value 4 10 engloyees must be enrolled in the Detta plan. Groups of 2 feels plans with a Value 4 Value 4 Value 4 10 engloyees must be enrolled of the Detta plan. Groups of 2 feels plans with a Value 4 Value 4 Value 4 10 engloyees must be enrolled of 4 Value 4 10 engloyees mus	an F	\$50/\$150	90%   70%   70%	70%   60%   60%	50%   40%   40%	\$1,500			
ta beha & Williamette Dual Choke: A Delta plan may be combined with a Williamette plan. A minimum of 10 employees must be enrolled in the Delta plan. Groups of 50x may offer 2 beha plans with a Williamette plan. A minimum of 10 employees must be enrolled in the Delta plan. Groups of 50x may offer 2 beha plans with a Williamette plan. A minimum of 10 employees must be enrolled in the Delta plan. Groups of 50x may offer 2 beha plans with a Williamette plan. A minimum of 10 employees must be enrolled in the Delta plan. Groups of 50x may offer 2 beha plans with a Williamette plan. A minimum of 10 employees must be enrolled in the Delta plan. Groups of 50x may offer 2 beha plans with a Williamette plan. A minimum of 10 employees for services performed   Orthodotte included with no waiting period.  Plant of the first offer of 50x plans of 50x p	rthodontia Rider		Available for Adults & Childre	n 50% and \$1,000 Lifetime Maximu	m per person				
Annext Dental of Washington, Inc.         S25 office visit copy         See Summary for schedule of copys, for various performed   Ontodottis included with no waiting period           Pation         Copy         Frame for exervicy         Frame for exervicy         See Summary for schedule of copys, for various performed   Ontodottis included with no waiting period           Pation         Copy         Frame for exervicy         State [ 124 Mos         Stat	ass III & Orthodontia Benefits								
TPlan         S25 office visit copy / See Summary for schedule of copys for services performed / Orthodontia included with no waiting period           Vision ow themust         Care is construction         Frame is copy         Frame is copy         Frame is copy         Copy           1 (V1)         \$25   12 Mo.         \$25   12 Mo. <td>elta Delta &amp; Willamette Dual Choice: A Delta pla</td> <td>an may be combined with a Willamette plan.</td> <td>A minimum of 10 employees must be</td> <td>enrolled in the Delta plan. Groups o</td> <td>of 50+ may offer 2 Delta plans with a V</td> <td>/illamette plan.</td>	elta Delta & Willamette Dual Choice: A Delta pla	an may be combined with a Willamette plan.	A minimum of 10 employees must be	enrolled in the Delta plan. Groups o	of 50+ may offer 2 Delta plans with a V	/illamette plan.			
Parties         Lenses         Frames         Concept         Frames           n1 (U1)         525   12 Mo.         525   21 Mo.         520   24 Mo.         520   24 Mo.           n2 (U2)         525   21 Mo.         525   21 Mo.         520   24 Mo.         520   24 Mo.           n3 (V2)         525   12 Mo.         520   24 Mo.         520   24 Mo.         520   24 Mo.           n3 (V2)         525   12 Mo.         520   24 Mo.         5100   24 Mo.         5100   24 Mo.           n3 (V2)         525   12 Mo.         525   12 Mo.         5100   24 Mo.         5100   24 Mo.           n4 (V4)         525   12 Mo.         525   12 Mo.         5100   12 Mo.         5100   12 Mo.           ndard Instructed Company         525   12 Mo.         525   12 Mo.         5100   12 Mo.         5100   12 Mo.           ndard Instructed Company         525   12 Mo.         5100   12 Mo. <td>illamette Dental of Washington, Inc.</td> <td></td> <td></td> <td></td> <td></td> <td></td>	illamette Dental of Washington, Inc.								
Open Programmery         Open Programmery         Allowance   Free           1 {\1}         SSE   12 Mo.         SSE   24 Mo.	aff Plan	\$25 office visit co		ays for services performed   Ortho	dontia included with no waiting perio	1			
n 1 (M1)	SP Vision								
n 2 (V2) Grov S25   24 MG. S25   24 MG. S25   24 MG. S190   12 MG. S19	hoice Network)	Copay   Frequency		Allowance   Freq.					
a j Vp3;         b j Vp3;	lan 1 (V1)	\$25   12 Mo.		\$190   24 Mo.					
Core         S35 [12 Mo.         Eam Only Plan - Extra Saving A-Walles Use plan summary           Bay Up         S35 [12 Mo.         S25 [12 Mo.         S100 [24 Mo.           n4 (Va)         S25 [12 Mo.         S25 [12 Mo.         S100 [24 Mo.           nd (Insurance Company         Eam Only Plan - Extra Saving A-Market Savi	lan 2 (V2)	\$25   24 Mo.	\$25   24 Mo.	\$190   24 Mo.					
Buy Up         S25         I 2 Mo.         S25         I 2 Mo.         S180         I 4 Mo.           n 4 (VA)         S25         I 2 Mo.         S180         I 2 Mo.         S180         I 2 Mo.           n 4 (VA)         S25         I 2 Mo.         S180         I 2 Mo.         S180         I 2 Mo.           n 4 (VA)         S25         I 2 Mo.         S180         I 2 Mo.         S180         I 2 Mo.           n 4 (VA)         S25         I 2 Mo.         S180         I Mo.	lan 3 (V3):								
A (VA)           Style         Style         Style         Style         Item           ndard Insurance Company         1 <t< td=""><td>Core</td><td>\$25   12 Mo.</td><td></td><td>lable (see plan summary)</td><td></td><td></td></t<>	Core	\$25   12 Mo.		lable (see plan summary)					
ndard Insurance Company ndard Insurance Company Index Insurance Company Insurance Company Ins	Buy Up	\$25   12 Mo.	\$25   12 Mo.	\$190   24 Mo.					
ployee Life + AD&D  1 X Annual Salary to 5300,000  2 X Annual Salary to 5300,000  2.5 X Annual Salary to 5300,000  2.5 X Annual Salary to 5300,000  3.5 Annual Salary to 5300,000  5.5 Annual Salary to 5300,000  5.6 ANnual Salary to 5300,000  7.6 Ann	lan 4 (V4)	\$25   12 Mo.	\$25   12 Mo.	\$190   12 Mo.					
n 1 of 2 Annual Salary to 5300,000 n 2 S Annual Salary to 5300,000 n 2 S Annual Salary to 500,000 n 5 C C C C C C C C C C C C C C C C C C	tandard Insurance Company								
n 2      A Annual Salary to 5300,000     2      2      X Annual Salary to 5300,000     2      X Annual Salary to 5300,000     3      X Annual Salary to 5300,000     3      X Annual Salary to 5300,000     5      5	mployee Life + AD&D								
n 2 of 2 × X norus 3 stary to 5300,000 n 2 5 × X norus 3 stary to 5300,000 n 3 × X norus 3 × X norus 3 stary to 5500,000 n 4 × 550,000 n 5 × X norus 3 stary to 5500,000 n 4 × 550,000 n 7 (Medeary the Other Assi: Ke/ABBD Plex is steeded n 7 (Medeary the Other Assi: Ke/ABBD Plex is steeded n 1 × 550,000 n 2 × 550,000 Veekly Benefit after 14 Days n 3 × 550,000 Veekly Benefit after 14 Days n 4 × 550,000 Veekly Benefit after 14 Days n 5 × 550,000 Veekly Benefit after 14 Days n 6 × 550,000 Veekly Benefit after 14 Days n 6 × 550,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 5 × 550,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 5 × 550,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 5 × 500,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 5 × 500,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 5 × 500,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 6 × 500,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 6 × 500,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 6 × 500,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 6 × 500,000 Veekly Benefit 2 × ear 0 von 0 ccupation after 90 Days n 6 × 500,000 Veekly Benefit 2 × ear 0 von 0 x 0 × 500,000	an 1		1 X A	nual Salary to \$300.000					
n.2.5     (c)	an 2								
n 5 c c c c c c c c c c c c c c c c c c	lan 2.5								
B     Figl \$25,000       7 (Mandator) file Other basic (ki/Abba Piles is steeded)     Figl \$25,000       7 (Mandator) file Other basic (ki/Abba Piles is steeded)     Figl \$25,000       1     60% to \$2,000 Weekly Benefit after 14 Days       n 1     60% to \$2,000 Weekly Benefit after 14 Days       n 2     70% to \$2,000 Weekly Benefit after 14 Days       n 1     60% to \$15,000 Monthly Benefit, 2-year Own Occupation after 90 Days       n 2     60% to \$15,000 Monthly Benefit, 2-year Own Occupation after 90 Days       n 3     66 2/3% to \$15,000 Monthly Benefit, Own Occupation to SSNRA after 90 Days       n 4     66 2/3% to \$15,000 Monthly Benefit, Own Occupation after 90 Days       n 5     66 2/3% to \$15,000 Monthly Benefit, Own Occupation after 90 Days       n 4     66% to \$5,000 Monthly Benefit, Own Occupation to SSNRA after 90 Days       n 5     66 2/3% to \$15,000 Monthly Benefit, Own Occupation after 90 Days       n 4     66% to \$5,000 Monthly Benefit, Own Occupation to SSNRA after 90 Days       n 4     66% to \$5,000 Monthly Benefit, Own Occupation after 90 Days       n 4     66% to \$5,000 Monthly Benefit, Own Occupation after 90 Days       n 5     66% to \$5,000 Monthly Benefit, Own Occupation after 90 Days       n 5     66% to \$5,000 Monthly Benefit, Own Occupation after 90 Days       n 6     5% of Employee Election \$5,500 Or \$1,0000, All Guarantee Issue \$20,000       untary Life     5% of Employee after of E	lan 3		3 X A	nual Salary to \$500,000					
n / seaded y the other sec:up/s280 / hes is setted.       n 1 (seaded y the other sec:up/s280 / hes is setted.       n 1 (seaded y the other sec:up/s280 / hes is setted.       n 2     G60% to 51,000 Weekly Benefit after 14 Days       n 2     G70% to 52,000 Weekly Benefit after 14 Days       n 1     G60% to 51,000 Weekly Benefit after 14 Days       n 1     G60% to 51,000 Monthly Benefit; 24 year Own Occupation after 90 Days       n 3     G60% to 51,000 Monthly Benefit; 24 year Own Occupation after 90 Days       n 3     G60% to 51,000 Monthly Benefit; 24 year Own Occupation after 90 Days       n 4     G60% to 51,000 Monthly Benefit; 24 year Own Occupation after 90 Days       n 5     G60% to 51,000 Monthly Benefit; 24 year Own Occupation after 90 Days       n 6     G60% to 55,000 Monthly Benefit; Own Occupation to 55RA after 90 Days       n 6     G60% to 55,000 Monthly Benefit; Own Occupation to 55RA after 90 Days       n 6     G60% to 55,000 Monthly Benefit; Own Occupation to 55RA after 90 Days       n 6     G60% to 55,000 Monthly Benefit; Own Occupation to 55RA after 90 Days       n 6     G60% to 55,000 Monthly Benefit; Own Occupation to 55RA after 90 Days       n 6     G60% to 55,000 Monthly Benefit; Own Occupation to 550,000       n 6     G60% to 55,000 or 51,0000; All Guarantee Issue 580,000       n 6     G60% to 55,000 or 51,0000; All Guarantee Issue 580,000       n 6     G60% to 55,000 or 51,0000; All Guarantee Issue 580,000	lan 5								
art Term Disability     60% to \$2,000 Weekly Benefit after 14 Days       n1     70% to \$2,000 Weekly Benefit after 14 Days       n2     70% to \$2,000 Weekly Benefit after 14 Days       n1     60% to \$15,000 Monthly Benefit; 2-year Own Occupation after 90 Days       n2     60% to \$15,000 Monthly Benefit; 2-year Own Occupation after 90 Days       n3     662 /3% to \$15,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       n4     662 /3% to \$15,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       n5     662 /3% to \$15,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       n6     662 /3% to \$15,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       n6     660 to \$6,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       n6     60% to \$5,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       n6     60% to \$5,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       n6     60% to \$5,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       n6     60% to \$5,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days       untary Life     50% of Employee Election \$5.000 or \$1,000,00, All Cavaratec Issue \$20,000       untary AdoL0     If dependents are elected, the amount of insurance will be as follows:       spouse Only: 50% of Employee amount   Only: 20% of Employee amount   Only: 20% of Employee for each child traps yee and the properties and the properties and the properties and child Ispouse & Only: 50% of Employee for each child traps ye	lan 6			Flat \$25,000					
ext Term Disability 1 1 60% to \$2,000 Weekly Benefit after 14 Days 70% to \$2,000 Weekly Benefit after 14 Days 60% to \$15,000 Monthy Benefit; 2-year Own Occupation after 90 Days 7.2 60% to \$15,000 Monthy Benefit; 2-year Own Occupation after 90 Days 61/3% to \$15,000 Monthy Benefit; 2-year Own Occupation after 90 Days 7.4 60% to \$15,000 Monthy Benefit; 2-year Own Occupation after 90 Days 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5	an 7 (Mandatory If No Other Basic Life/AD&D Plan is Selected	9		Flat \$15,000					
n 1 co 60% to 52,000 Weekly Benefit after 14 Days a Como Veekly Be		,							
n 2 70% to \$2,000 Weekly Benefit after 14 Days form Disability	lan 1		60% to \$3.00	0 Wookh Ropofit after 14 Daw					
Image: Term Disability         Description           n1         60% to \$15,000 Monthly Benefit; 2year Own Occupation after 90 Days           n2         60% to \$15,000 Monthly Benefit; 2year Own Occupation after 90 Days           n3         66 2/3% to \$15,000 Monthly Benefit; 2year Own Occupation after 90 Days           n4         66 2/3% to \$15,000 Monthly Benefit; 2year Own Occupation SNRA after 90 Days           n5         600% to \$6,000 Monthly Benefit; 2year Own Occupation SNRA after 90 Days           n5         60% to \$6,000 Monthly Benefit; 2year Own Occupation SNRA after 90 Days           ndary Life         05% to \$15,000 Monthly Benefit; 2year Own Occupation SNRA after 90 Days           ployee         5,X Annual Salary to \$300,000; Guarantee Issue \$80,000           untary Life         05% of Employee Election \$5,500,000 or \$10,0000; All Guarantee Issue \$80,000           untary ADBD         1f dependents are elected, the amount of Insurance will be as follows:           spouse Only: 50% of Employee Election \$5,500 or \$10,0000; All Guarantee Issue           spouse Only: 50% of Employee amount   Children Only 20% of Employee amount for Insurance will be as follows:           spouse Only: 50% of Employee amount   Children Only 20% of Employee amount for Exet child I Spouse & Children: \$3% of Employee for each child           untary Acticle         Low Plan S15,000   High Plan S19,000 Initial Benefit: \$30% of Continement I Ling/Spate and State St	lan 2								
n 1 GON to \$15,000 Monthly Benefit; 2-year Own Occupation after 90 Days n 2 GON to \$15,000 Monthly Benefit; 2-year Own Occupation after 90 Days n 3 GON 4 GON 4 GON GON 4 GON GON 4 GON GON 4 GON COUNDATION SCHART 4 GON 4 GO			70% t0 \$2,00	o weekly benefit after 14 Days					
n 2 60% to \$15.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 64 245 stop 55.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 64 62 2/3 stop 515.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 65 25% to \$15.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 66 2/3 stop 515.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 66 2/3 stop 515.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 66 2/3 stop 515.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 66 2/3 stop 515.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 66 2/3 stop 515.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 66 2/3 stop 515.000 Monthly Benefit, Own Occupation to SSNRA After 90 Days 67 50 Annual Salary to 5300,000; Guarantee Issue \$80,000 78 500 Monthly Benefit, Own Occupation to SSNRA After 90 Days 78 50 After Paloyee Election 550.000; Guarantee Issue \$80,000 78 500 Monthly Benefit, Own Occupation to SSNRA After 90 Days 78 500 Monthly Benefit, Own Occupation to SSNRA After 90 Days 78 500 Monthly Benefit, Own Occupation to SSNRA After 90 Days 79 50% of Employee Election 550.000; Guarantee Issue \$80,000 79 50% of Employee Election 550.000 or 510.000, All Guarantee Issue 79 50% of Employee Election 550.000 79 50% of Employee amount   Onlarten Cinity 20% of Employee for each child 70 50% of Employee Benefit Type by Schedule of events/services 70 stop 50% of Employee Benefit Type by Schedule of events/services 70 untary Critical liness 70 Low Plan 515.000   High Plan 530,000 Initial Benefit, 50% Spouse or Dependent Children 1/Maximum Benefit is 20% of of initial Benefit 70% Fundy Stop 20 Fundy Plan 512.000 Admission 75.000 Confinement 1 Fundy Plan 520 Admission 75.000 Confinement 1 Fundy	an 1		60% to \$15,000 Monthly F	enefit: 2-year Own Occupation after	r 90 Davs				
n 3 66 2/3% to 51,500 Monthly Benefit, 2-year Own Occupation after 90 Days 66 2/3% to 51,500 Monthly Benefit, 2-year Own Occupation after 90 Days 66 2/3% to 51,500 Monthly Benefit, 2-year Own Occupation after 90 Days 66 2/3% to 51,500 Monthly Benefit, 2-year Own Occupation after 90 Days 66 2/3% to 51,500 Monthly Benefit, 2-year Own Occupation after 90 Days 67 200 200 200 200 200 200 200 200 200 20	lan 2								
n4 662/3% to \$15,000 Annuhl Senefit, Own Occupation to \$5486.4 the 90 Days n5 66% to \$6,000 Monthly Benefit, Own Occupation to \$5486.4 the 90 Days n6 66% to \$6,000 Monthly Benefit, Own Occupation to \$5486.4 the 90 Days n6 66% to \$6,000 Monthly Benefit, Own Occupation to \$5486.4 the 90 Days n5 66% to \$6,000 Monthly Benefit, Own Occupation to \$5486.4 the 90 Days n5 66% to \$6,000 Monthly Benefit, Own Occupation to \$5486.4 the 90 Days n5 66% to \$6,000 Monthly Benefit, Own Occupation to \$5486.4 the 90 Days n5 66% to \$6,000 Monthly Benefit, Own Occupation to \$5486.4 the 90 Days n5 70% of Employee Election \$530,000; Guarantee Issue \$80,000 Unitary Adol:	lan 3								
n S 6 6 6 7 6 7 6 6 7 6 7 6 7 6 7 6 7 6 7	lan 4								
n 6 60% to \$6,000 Monthly Benefit; Own Occupation to SSNRA after 90 Days many Life ployee 5 X Annual Salary to \$300,000; Guarantee Issue \$30,000 Guara	lan 5								
unitary Life         5 X Annual Salary to 500,000°, Guarantee Issue 580,000           byte         5 X Annual Salary to 500,000°, Guarantee Issue 580,000           wate         50% of Employee Ediction to \$150,000°, Guarantee Issue 580,000           wate         50% of Employee Ediction to \$10,000°, All Guarantee Issue 580,000           wate         50% of Employee Ediction to \$10,000°, All Guarantee Issue 580,000           wates         50% of Employee Ediction to \$10,000°, All Guarantee Issue 580,000           byte         Status to 50% of Employee Ediction to \$10,000°, All Guarantee Issue 580,000           tropolitan Life Insurance company         Spouse ONI; 50% of Employee amount   Ohiden Oni; 20% of Employee amount   Ohiden Oni; 20% of Employee In Spouse, 5% of Employee for Spouse, 5% of Employee In Spouse, 5% of Employee, 5% of Employee, 5% of Employee, 5% of Employ	lan 6								
ployee S X Annual Salary to S300,000; Guarantee Issue S40,000 sue S60 K of Employee Election to S150,000; Guarantee Issue S40,000 difen S0% of Employee Election to S150,000 ar S10,000; All Guarantee Issue S40,000 subtary AD& S0% of Employee Election: S5,000 or \$10,000; All Guarantee Issue S40,000 ployee: IXX Annual Salary to S500,000 If dependents are elected, the amount of insurance will be as follows: ployee: IXX Annual Salary to S500,000 Guarantee Issue S40,000 spouse Only: S0% of Employee amount [ Only: 30% of Employee emount for each child I Spouse & Children: S0% of Employee for each child tropolitan Life Insurance. Voluntary Worksite untary Actional untary Actional Low Plan or S100 ( High Plan - Benefit Type by Schedule of events/services untary Critical Illess Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S300 Admission / S100 Confinement ( High Plan S12,000 Admission / S100 Confinement ( Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S300 Admission / S100 Confinement ( High Plan S12,000 Admission / S100 Confinement ( Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S30,000 Initial Benefit; S0% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Low Plan S30,000 Initial Benefit; S0% Spouse or			cove to 50,000 Monthly be	icit, own occupation to solve are					
Specification         Specific			5 X Annual Salary	o \$300.000: Guarantee Issue \$90.0	10				
Idea         50% of Employee Election: \$5,000 or \$10,000; All Guarantee Issue           umrary AD&D         If dependents are elected, the amount of insurance will be as follows:           polyee: IDX Annual Salary to \$500,000         If dependents are elected, the amount of insurance will be as follows:           polyee: IDX Annual Salary to \$500,000         Spouse Only; 50% of Employee amount   Onlidern Only; 20% of Employee emount for each onlid   Spouse & Onlidern: 50% of Employee for spouse, 5% of Employee for each child           tropolitan Life Insurance. Voluntary Workste         Low Plan or High Plan - Benefit Type by Schedule of events/services           untary Accident         Low Plan or High Plan - Benefit Type by Schedule of events/services           untary Accident         Low Plan 515,000   High Plan 520,000 Initial Benefit; 50% Spouse or Dependent: Children   Maximum Benefit is 300% of Initial Benefit           untary Horphal Indemnity         Low Plan 5350.04dmission / \$100 Confinement   High Plan \$1,000 Admission / \$200 Confinement           tury/ryart Lique Plans         Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.									
Unitary AD&D         If dependents are elected, the amount of insurance will be as follows:           ploye: 10X Annual Salary to \$500,000         Spouse Dinly: 50% of Employee amount   Dildren Dinly 20% of Employee amount   Cildren Dinly 20% of Employee amount									
ployee: 10X Annual Salary to \$500,000 If dependents are elected, the amount of insurance will be as follows: Spouse Only: 50% of Employee amount   Onlidero Only: 20% of Employee emount or each child   spouse & Onlidero. 50% of Employee for each child tropolitan Life Insurance. Voluntary Workste Life Insurance. Voluntary Workste Linary Accident Low Plan or High Plan - Benefit Type by Schedule of events/services untary Accident Low Plan or High Plan - Ston Confinement Children   Maximum Benefit is 300% of Initial Benefit Linary Hospital Infernity Low Plan 5500 Admission / \$100 Confinement   High Plan \$1,000 Admission / \$200 Confinement I Linary Accident Low Plan Ston Admission / \$100 Confinement   High Plan \$1,000 Admission / \$200 Confinement Linary Arcident Low Plan Ston Admission / \$100 Confinement   High Plan \$1,000 Admission / \$200 Confinement Linary Arcident Low Plan Ston Admission / \$100 Confinement   High Plan \$1,000 Admission / \$200 Confinement Linary Arcident Low Plan Ston Admission / \$200 Confinement   High Plan \$1,000 Admission / \$200 Confinement Linary Arcident Low Plan Ston Admission / \$100 Confinement   High Plan \$1,000 Admission / \$200 Confinement Linary Arcident Low Plan Ston Admission / \$100 Confinement   High Plan \$1,000 Admission / \$200 Confinement Linary Forup Legal Linary Group Legal Linary Forup Legal			50% of Employee Elect						
tropolitan Life Insurance Company Life Insurance Contain Worksite Utile Insurance - Voluntary Worksite Utile Insurance - Voluntary Worksite Unitary Acciden Low Plan or High Plan - Benefit Type by Schedule of events/services Unitary Critical Illness Low Plan 515,000   High Plan 3500,000 Initial Benefit: 500% Spouse or Dependent: Children   Maximum Benefit is 300% of Initial Benefit Unitary Hospital Infernity Low Plan 5500 Admission / S100 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 5500 Admission / S100 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510,000 Admission / S200 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 500 Admission / S000 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 500 Admission / S000 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510 Admission / S200 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S200 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S100 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S100 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S100 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S100 Confinement Low Plan 510 Admission / S100 Confinement   High Plan 51,000 Admission / S100 Confinement Low Plan 510 Admission / S100 Confinement Low Plan 510 Admission / S100 Confinement Low Plan 510 Ad	mployee: 10X Annual Salary to \$500,000	Secure Only: SDV of Employee				each child			
Lttle Issuance - Voluntary Worksite           untary Accident         Low Plan or High Plan - Benefit Type by Schedule of eventy/services           untary Accident         Low Plan 515,000   High Plan 530,000 Initial Benefit; 50% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit           untary Critical Indexmity         Low Plan 530,000 Admission / S100 Confinement [ High Plan S30,000 Admission / S100 Confinement [ High Plan S30,000 Admission / S200 Confinement           Lum/lypatt Legel Plans         Low Plan S40,000 Initial Benefit: s00% of Initial Benefit           Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.	Anton oliton I ife Income Common	spouse only: 50% of Employee	ansanci children only. 20% of Employee emi	sancior cacili cinio ji apouse & children: su	so or employee for apouse, and or employee for	Coch Clilla			
Untary Accident         Low Plan or High Plan - Benefit Type by Schedule of eventy/services           untary Accident         Low Plan or High Plan - Benefit Type by Schedule of eventy/services           untary Accident         Low Plan 150,000   High Plan 530,000 Initial Benefit           untary Hospital Indemnity         Low Plan 550,040   High Plan 530,000 Initial Benefit           utary Hospital Indemnity         Low Plan S500 Admission / S300 Confinement   High Plan 51,000 Admission / S200 Confinement           utary Group Legal         Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.									
untary Critical Illness Low Plan \$15,000   High Plan \$30,000 Initial Benefit 50% Spouse or Dependent Children   Maximum Benefit is 300% of Initial Benefit Unitary Hospital Indemnity Low Plan \$500 Admission / \$100 Confinement [ High Plan \$1,000 Admission / \$200 Confinement ( Lindry) admissio									
untary Hospital Indemnity Low Plan \$500 Admission / \$100 Confinement   High Plan \$1,000 Admission / \$200 Confinement Ltaw/Hyatt Legal Plans Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.									
ttaw/Hyatt Legal Plans Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.									
untary Group Legal Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.			Low Plan \$500 Admission / \$100 Confir	ement   High Plan \$1,000 Admissio	n / \$200 Confinement				
DiMartino Associates   1325 Fourth Avenue, Suite 1705 Seattle, WA 98101   206.623.2430   NWFA@dimarinc.com	oluntary Group Legal	Unlimited telephone advice	e and office consultations on personal I	egal matters with an attorney of yo	ur choice. Full representation for certa	in services.			
	Di	Martino Associates   1325 Fourth Av	enue, Suite 1705 Seattle, WA 981	01   206.623.2430   NWFA@d	limarinc.com				