



Northwest Financial Associations' (NWFA) Employee Benefit Trust

All Lines of Coverage - Washington
For Effective Dates 01/01/2024 to 12/31/2024

Medical - Premiera Blue Cross & Premiera Blue Cross HMO PPO Plans available on Heritage and Heritage Prime Networks. HMO Plans available on Premiera'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 (Generic Preferred Specialty Non-Preferred) (In Network Provider - Essentials Rx)
*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 1600	INN: \$1,600 \$3,200 OON: Shared w/In Network	80% 50%	\$3,750 \$7,500 ⁽¹⁾	\$0	Subject to Deductible & Coinsurance
HSA 80 2500	INN: \$2,500 \$5,000 OON: Shared w/In Network	80% 50%	\$5,000 \$10,000 ⁽¹⁾	\$0	Subject to Deductible & Coinsurance
HSA 80 5000	INN: \$5,000 \$10,000 OON: Shared w/In Network	80% 50%	\$7,000 \$14,000 ⁽¹⁾	\$0	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%	\$9,450 \$18,900	\$10 \$65	\$15 \$30 \$50 30%

*PPO 80|400 Plan available on Heritage Network only.
(1) Family aggregate deductible: Entire family deductible must be met before coinsurance benefits apply to any individual within the family.
(2) Family embedded OOP: The annual OOP for any one member cannot be more than the individual OOP.

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 ⁽¹⁾	90%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 750	\$750 \$1,500 ⁽¹⁾	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 1000	\$1,000 \$2,000 ⁽¹⁾	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 1500	\$1,500 \$3,000 ⁽¹⁾	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 2000	\$2,000 \$4,000 ⁽¹⁾	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO 80 3000	\$3,000 \$6,000 ⁽¹⁾	80%	\$5,000 \$10,000	\$20	\$20 \$40
HMO HSA 80 1600	\$1,600 \$3,200 ⁽¹⁾	80%	\$3,500 \$7,000 ⁽¹⁾	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HMO HSA 80 2500	\$2,500 \$5,000 ⁽¹⁾	80%	\$5,000 \$8,500 ⁽¹⁾	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HMO HSA 80 4500	\$4,500 \$7,500 ⁽¹⁾	80%	\$7,000 \$8,500 ⁽¹⁾	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance

(1) Wellness 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 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
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 Buy Up	\$25 12 Mo. \$25 12 Mo.	Exam Only Plan - Extra Savings Available (see plan summary) \$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% 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

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/Avaya 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.