



**Northwest Financial Associations Employee Benefit Trust**

All Lines of Coverage - Oregon  
For Effective Dates 1/1/2024 to 12/31/2024

Your Employee Benefits Partner

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)
<b>Regence PPO Plans</b>	<b>In &amp; Out of Network</b>		<b>Per Calendar Year</b>		
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
<b>HSA Plans</b>					
HSA 80 1600 (Innova)	\$1,600   \$3,200	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%		50%	\$2,000
Plan C (with Out of Network)	\$0   \$0	100% INN   80% OON	80% INN   60% OON	50%	\$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 Insurance, Inc.**

Staff Plan	\$25 office visit copay   Schedule of copays for services performed   Orthodontia included with no waiting period
<b>Dental Dual Choice:</b>	A Delta Dental plan may be combined with a 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**

<b>Employee Life + AD&amp;D</b>	
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
<b>Short Term Disability</b>	
Plan 1	60% to \$2,000 Weekly Benefit after 14 Days
Plan 2	70% to \$2,000 Weekly Benefit after 14 Days
<b>Long Term Disability</b>	
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
<b>Voluntary Life</b>	
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
<b>Voluntary AD&amp;D</b>	
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

<b>Metropolitan Life Insurance Company</b>	
<b>MetLife Insurance - Voluntary Worksite</b>	
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
<b>MetLaw/Hyatt Legal Plans</b>	
Voluntary Group Legal	Unlimited telephone advice and office consultations on personal legal matters with an attorney of your choice. Full representation for certain services.