

Regence BlueCross BlueShield of Oregon (Classic Network)	Deductible (Individual/Family)	Coinsurance (In Network Out of Network)	Out of Pocket Max (Individual/Family)	Office Visit Copay (In Network)	Prescription Drugs (Retail)
Regence PPO Plans	In & Out of Network		Per Calendar Year		
PPO 80 500	\$500 \$1,000	80% 60%	\$3,500 \$7,000	\$20	\$10 \$35 \$75
PPO 80 1000	\$1,000 \$2,000	80% 60%	\$4,500 \$9,000	\$20	\$10 \$35 \$75
PPO 80 1500	\$1,500 \$3,000	80% 60%	\$5,000 \$10,000	\$20	\$10 \$35 \$75
PPO 80 2000	\$2,000 \$4,000	80% 60%	\$5,500 \$11,000	\$25	\$10 \$35 \$75
PPO 80 2500	\$2,500 \$5,000	80% 60%	\$5,500 \$11,000	\$25	\$10 \$35 \$75
PPO 80 3000	\$3,000 \$6,000	80% 60%	\$5,500 \$11,000	\$25	\$10 \$35 \$75
PPO 80 3500	\$3,500 \$7,000	80% 60%	\$5,500 \$11,000	\$25	\$10 \$35 \$75
PPO 80 5000	\$5,000 \$10,000	80% 60%	\$6,500 \$13,000	\$25	\$10 \$35 \$75
PPO 70 1500	\$1,500 \$3,000	70% 50%	\$5,000 \$10,000	\$30	\$10 \$35 \$75
PPO 70 2000	\$2,000 \$4,000	70% 50%	\$5,500 \$11,000	\$30	\$10 \$35 \$75
PPO 70 2500	\$2,500 \$5,000	70% 50%	\$5,500 \$11,000	\$30	\$10 \$35 \$75
PPO 70 3000	\$3,000 \$6,000	70% 50%	\$5,500 \$11,000	\$30	\$10 \$35 \$75
PPO 70 5000	\$5,000 \$10,000	70% 50%	\$7,000 \$14,000	\$30	\$10 \$35 \$75
PPO 70 6000	\$6,000 \$12,000	70% 50%	\$7,000 \$14,000	\$35	\$10 \$35 \$75
PPO 70 7000	\$7,000 \$14,000	70% 50%	\$8,000 \$16,000	\$35	\$10 \$35 \$75
PPO 100 7900	\$7,900 \$15,800	100% 100%	\$7,900 \$15,800	\$35	\$10 \$35 \$75
HSA Plans					
HSA 80 1700	\$1,700 \$3,400	80% 60%	\$4,500 \$9,000	80%	80%
HSA 80 2500	\$2,500 \$5,000	80% 60%	\$5,000 \$10,000	80%	80%
HSA 80 3500	\$3,500 \$7,000	80% 60%	\$6,000 \$12,000	80%	80%
HSA 80 5000	\$5,000 \$10,000	80% 60%	\$7,000 \$14,000	80%	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 Services include legal and financial consultation, 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/person/year

Delta Dental of Oregon	Deductible (Indiv Family)	Class I	Class II	Class III	Maximum
Plan B <i>(Incentive)</i>	\$50 \$150	Year 1=70%, Year 2=80%, Year 3=90%, Year 4=100%		50%	\$2,000
Plan C <i>(with Out of Network)</i>	\$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
Dental Dual Choice: 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

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 <i>(Mandatory If No Other Basic Life/AD&D Plan is Selected)</i>	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
MetLaw/Hyatt 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.