NWFA The Trust
Your Employee Benefits Partner

Northwest Financial Associations' (NWFA) Employee Benefit Trust

All Lines of Coverage - Washington
For Effective Dates 01/01/2023 to 12/1/2023

Medical - Premera Blue Cross All Plans Available on Prime & Plus Networks*	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 (Plus Network Only)	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|1500	INN: $1,500 | $3,750(1) OON: Shared w/In Network	80% | 50%	$3,750 | $7,500(2)	$0 Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HSA 80|2500	INN: $2,500 | $5,000(1) OON: Shared w/In Network	80% | 50%	$5,000 | $10,000(2)	$0 Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HSA 80|5000	INN: $5,000 | $10,000(1) OON: Shared w/In Network	80% | 50%	$7,000 | $14,000(2)	$0 Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance

*EPO 90|400 Plan available on **Plus Network** only
(1) Family aggregate deductible: Entire family deductible must be met before coinsurance benefits apply to an individual within the family
(2) Family embedded OOP: The annual OOP for any one member cannot be more than the individual OOP

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(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	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|1500	$1,500 | $3,000(2)	80%	$3,500 | $7,000(3)	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HMO HSA 80|2500	$2,500 | $5,000(2)	80%	$5,000 | $8,500(3)	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance
HMO HSA 80|4500	$4,500 | $7,500(2)	80%	$7,000 | $8,500(3)	Subject to Deductible & Coinsurance	Subject to Deductible & Coinsurance

(1) Welcome 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 at 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 aer 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 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/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	$25 | 12 Mo.	Exam Only Plan - Extra Savings Available (see plan summary)	
Buy Up	$25 | 12 Mo.	$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 emount for each child | Spouse & Children: 50% of Employee for Spouse, 5% of Employee for each child