Working Waterfront Coalition Health Trust Plan Menu - All Lines of Coverage



For Effective Dates 1/1/2023 to 12/31/2023

PROB 80 250 \$370 \$500	Premera Medical All Plans Available on Prime & Plus Networks	Deductible (Individual/Family)	Coinsurance	Out of Pocket (Individual/Family)	Office Visit Copay	Prescription Drugs
PRO 20 500 \$500 \$1,000 \$0% \$0.0% \$0.0% \$0.00 \$3.00 \$3.00 \$1.00 \$	80 Series 80% Copay Plans	6250 L 6500	000/ 1 500/	ć 4 000 l ć0 000	ć 20	640 L 640 L 670
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PRO 80 12000 \$1,000 \$2,000 \$0,0	·		· ·			
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PRO 50 0	PPO 70 6000		70% 50%		\$40	\$10 \$50 \$80
PRO 50 1000	50 Series 50% Copay Plans					
PRO 50 1000	PPO 50 0	\$0 \$0	50% 50%	\$4.000 \$8.000	\$0	50% 50% 50%
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No. Section		72,000 72,000	22,71 22,72	+-,	7-	
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HSA \$2500		¢1 500 l ¢2 000	000/ 1.000/	¢4.000 l ¢0.000	ćo	000/ 1 000/ 1 000/
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\$25,000	· · · · · · · · · · · · · · · · · · ·					
S50,000 (5+ EE's) \$50,000 of Basic Life and AD&D coverage		· · ·				
Dependent Life + AD&D						
Stock \$2,500 Child 1 plan available			\$50,000	of Basic Life and AD&D co	overage	
VSP Vision Copay Frequency Copay Frequency Copay Frequency Copay Frequency Copay Frequency Copay Frequency Allowance Freq. Copay Allow Freq (Lenses/Frames) Computer Vision Care Copay Allow Freq Copay Allow Fred Copay C	Dependent Life + AD&D					
Copay Frequency Copay Frequency Copay Frequency Allowance Freq. Copay Allow Freq (Lenses/Frames)	\$5,000 Spouse \$2,500 Child			1 plan available		
Stam Plus Stam	VSP Vision	Exams	Lenses	Frames	Contacts	Computer Vision Care
Sasic Sin 12 Mo. So 24 Mo. Sin 24 Mo. So 310 32 Mo. So So So So So So So	(Enrollment Must Match Medical)	Copay Frequency	Copay Frequency	Allowance Freq.	Copay Allow Freq	(Lenses/Frames)
Sasic Sin 12 Mo. So 24 Mo. Sin 24 Mo. So 310 32 Mo. So So So So So So So	Exam Plus	\$10 12 Mo.	n/a	n/a	n/a	n/a
Preferred \$10 12 Mo. \$0 12 Mo. \$150 24 Mo. \$60 \$150 12 Mo. \$150 10 Mo.	Basic				·	
Computer VisionCare \$10 12 Mo. \$0 12 Mo. \$150 12 Mo. \$60 \$150 12 Mo. Et; \$0 12	Preferred					
Coinsurance Coinsurance Coinsurance Calendar Year Maximum	Enhanced +		,			L: \$0 12 Mo.
Deductible (Individual/Family) Delta PPO Delta Premier Calendar Year Maximum	Computer VisionCare	\$10 12 Mo.	\$0 12 Mo.	\$150 12 Mo.	\$60 \$150 12 Mo.	F: \$0 \$90 12 Mo.
Plan 1 \$50 \$150 100% 90% 50% 100% 80% 50% \$1,000 Plan 2 \$25 \$75 100% 90% 50% 100% 80% 50% \$2,000 Plan 3 \$50 \$150 100% 80% 50% 100% 80% 50% \$1,000 Plan 4 \$25 \$75 100% 90% 50% 80% 70% 40% \$1,500 Family Orthodontia Rider (10+ EEs) n/a 50% 50% 50% \$1,000 Lifetime Voluntary Plans - Uncommon Enrollment Allowed (requires the greater of 35% participation or 5 or more enrolled) Plan 5 - Low Option \$50 \$150 100% 80% 50% 80% 70% 40% \$1,000	Delta Dental Plan of Washington (Uncommon Enrollment Allowed) *requires a minimum of 2+ employees and 51%				Calendar Year Maximum	
Plan 2 \$25 \$75 100% 90% 50% 100% 80% 50% \$2,000 Plan 3 \$50 \$150 100% 80% 50% 100% 80% 50% \$1,000 Plan 4 \$25 \$75 100% 90% 50% 80% 70% 40% \$1,500 Family Orthodontia Rider (10+ EEs) n/a 50% 50% \$1,000 Lifetime Voluntary Plans - Uncommon Enrollment Allowed (requires the greater of 35% participation or 5 or more enrolled) \$1,000 \$1,000 Plan 5 - Low Option \$50 \$150 100% 80% 50% 80% 70% 40% \$1,000	employee participation					
Plan 3 \$50 \$150 100% 80% 50% 100% 80% 50% \$1,000 Plan 4 \$25 \$75 100% 90% 50% 80% 70% 40% \$1,500 Family Orthodontia Rider (10+ EEs) n/a 50% 50% \$1,000 Lifetime Voluntary Plans - Uncommon Enrollment Allowed (requires the greater of 35% participation or 5 or more enrolled) \$1,000 \$1,000 Plan 5 - Low Option \$50 \$150 100% 80% 50% 80% 70% 40% \$1,000	Plan 1	\$50 \$150	100% 90% 50%	100% 80% 50%	\$1,	000
Plan 4 \$25 \$75 100% 90% 50% 80% 70% 40% \$1,500 Family Orthodontia Rider (10+ EEs) n/a 50% 50% \$1,000 Lifetime Voluntary Plans - Uncommon Enrollment Allowed (requires the greater of 35% participation or 5 or more enrolled) \$1,000 \$1,000 Plan 5 - Low Option \$50 \$150 100% 80% 50% 80% 70% 40% \$1,000	Plan 2	\$25 \$75	100% 90% 50%	100% 80% 50%	\$2,	000
Family Orthodontia Rider (10+ EEs) n/a 50% 50% \$1,000 Lifetime Voluntary Plans - Uncommon Enrollment Allowed (requires the greater of 35% participation or 5 or more enrolled) Plan 5 - Low Option \$50 \$150 100% 80% 50% 80% 70% 40% \$1,000	Plan 3	\$50 \$150	100% 80% 50%	100% 80% 50%	\$1,	000
Family Orthodontia Rider (10+ EEs) n/a 50% 50% \$1,000 Lifetime Voluntary Plans - Uncommon Enrollment Allowed (requires the greater of 35% participation or 5 or more enrolled) Plan 5 - Low Option \$50 \$150 100% 80% 50% 80% 70% 40% \$1,000	Plan 4	\$25 \$75	100% 90% 50%	80% 70% 40%	\$1,	500
Voluntary Plans - Uncommon Enrollment Allowed (requires the greater of 35% participation or 5 or more enrolled) Plan 5 - Low Option \$50 \$150 100% 80% 50% 80% 70% 40% \$1,000	Family Orthodontia Rider (10+ EEs)	·		50%	\$1,000	Lifetime
Plan 5 - Low Option \$50 \$150 100% 80% 50% 80% 70% 40% \$1,000	Voluntary Plans - Uncommon Enrollment Allowed	d (requires the greater of 35%	% participation or 5 or r	more enrolled)		
					\$1,	000
	Plan 6 - Medium Option	\$50 \$150	100% 80% 50%	80% 70% 40%	\$1,	500