

Premera Medical All Plans Available on Prime & Plus Networks	Deductible (Individual/Family)	Coinsurance	Out of Pocket (Individual/Family)	Office Visit Copay	Prescription Drugs
80 Series   80% Copay Plans					
PPO 80   250	\$250   \$500	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   500	\$500   \$1,000	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   750	\$750   \$1,500	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   1000	\$1,000   \$2,000	80%   50%	\$4,000   \$8,000	\$30	\$10   \$40   \$70
PPO 80   1500	\$1,500   \$3,000	80%   50%	\$5,000   \$10,000	\$30	\$10   \$40   \$70
PPO 80   2000	\$2,000   \$4,000	80%   50%	\$5,000   \$10,000	\$30	\$10   \$40   \$70
PPO 80   2500	\$2,500   \$5,000	80%   50%	\$5,000   \$10,000	\$30	\$10   \$40   \$70
PPO 80   3000	\$3,000   \$6,000	80%   50%	\$6,000   \$12,000	\$30	\$10   \$40   \$70
PPO 80   4000	\$4,000   \$8,000	80%   50%	\$6,000   \$12,000	\$30	\$10   \$40   \$70
PPO 80   5000	\$5,000   \$10,000	80%   50%	\$6,000   \$12,000	\$40	\$10   \$40   \$70
70 Series   70% Copay Plans					
PPO 70   1000	\$1,000   \$2,000	70%   50%	\$5,000   \$10,000	\$40	\$10   \$50   \$80
PPO 70   1500	\$1,500   \$3,000	70%   50%	\$5,000   \$10,000	\$40	\$10   \$50   \$80
PPO 70   2000	\$2,000   \$4,000	70%   50%	\$5,000   \$10,000	\$40	\$10   \$50   \$80
PPO 70   2500	\$2,500   \$5,000	70%   50%	\$5,000   \$10,000	\$40	\$10   \$50   \$80
PPO 70   3000	\$3,000   \$6,000	70%   50%	\$6,000   \$12,000	\$40	\$10   \$50   \$80
PPO 70   4000	\$4,000   \$8,000	70%   50%	\$6,000   \$12,000	\$40	\$10   \$50   \$80
PPO 70   5000	INN: \$5,000   \$10,000 OON: \$15,000   \$30,000	70%   50%	INN: \$7,000   \$14,000 OON: N/A	\$40	\$10   \$50   \$80
PPO 70   6000	INN: \$6,000   \$12,000 OON: \$18,000   \$36,000	70%   50%	INN: \$7,000   \$14,000 OON: N/A	\$40	\$10   \$50   \$80
50 Series   50% Copay Plans					
PPO 50   0	\$0   \$0	50%   50%	\$4,000   \$8,000	\$0	50%   50%   50%
PPO 50   500	\$500   \$1,000	50%   50%	\$4,000   \$8,000	\$0	50%   50%   50%
PPO 50   1000	\$1,000   \$2,000	50%   50%	\$5,000   \$10,000	\$0	50%   50%   50%
Value Plan					
PPO 100   8000 <i>*Not available as dual choice option</i>	INN: \$8,000   \$16,000 OON: N/A	100%   0%	INN: \$8,000   \$16,000 OON: N/A	\$0	\$10 Generics All other tiers subject to deduct/coins
HSA Plans					
HSA \$1500	\$1,500   \$3,000	80%   60%	\$4,000   \$8,000	\$0	80%   80%   80%
HSA \$2500	\$2,500   \$5,000	80%   60%	\$5,000   \$10,000	\$0	80%   80%   80%
HSA \$3500	\$3,500   \$6,000	80%   60%	\$6,000   \$12,000	\$0	80%   80%   80%
HSA \$5500	\$5,500   \$6,000	80%   60%	\$6,000   \$12,000	\$0	80%   80%   80%
LifeMap Assurance Company - Employee Life + AD&D (Enrollment Must Match Medical)					
Employee Life + AD&D					
\$10,000 (Mandatory)	\$10,000 of Basic Life and AD&D coverage				
\$15,000	\$15,000 of Basic Life and AD&D coverage				
\$25,000	\$25,000 of Basic Life and AD&D coverage				
\$50,000 (5+ EE's)	\$50,000 of Basic Life and AD&D coverage				
Dependent Life + AD&D					
\$5,000 Spouse   \$2,500 Child	1 plan available				
VSP Vision (Enrollment Must Match Medical)	Exams Copay   Frequency	Lenses Copay   Frequency	Frames Allowance   Freq.	Contacts Copay   Allow   Freq	Computer Vision Care (Lenses/Frames)
Exam Plus	\$10   12 Mo.	n/a	n/a	n/a	n/a
Basic	\$10   12 Mo.	\$0   24 Mo.	\$130   24 Mo.	\$60   \$130   24 Mo.	n/a
Preferred	\$10   12 Mo.	\$0   12 Mo.	\$150   24 Mo.	\$60   \$150   12 Mo.	n/a
Enhanced + Computer VisionCare	\$10   12 Mo.	\$0   12 Mo.	\$150   12 Mo.	\$60   \$150   12 Mo.	L: \$0   12 Mo. F: \$0   \$90   12 Mo.
Delta Dental Plan of Washington (Uncommon Enrollment Allowed) <i>*requires a minimum of 2+ employees and 51% employee participation</i>	Deductible (Individual/Family)	Coinsurance		Calendar Year Maximum	
		Delta PPO	Delta Premier		
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%	\$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 6 - Medium Option	\$50   \$150	100%   80%   50%	80%   70%   40%	\$1,500	